

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING  
FEBRUARY 22, 2017  
APPLICATION SUMMARY**

NAME OF PROJECT: Premier Health Care, PLLC

PROJECT NUMBER: CN1608-027

ADDRESS: 2855 Stage Village Cove, Suite #5  
Bartlett, (Shelby County), Tennessee 38134

LEGAL OWNER: Catondria Brown  
2855 Stage Village Cove, Suite #5  
Bartlett, (Shelby County), Tennessee 38134

OPERATING ENTITY: Not Applicable

CONTACT PERSON: Catondria Brown  
901-388-2228

DATE FILED: August 8, 2016

PROJECT COST: \$50,000

FINANCING: Cash Reserves

PURPOSE FOR FILING: Establishment of a Home Care Organization and the  
Initiation of Home Health Services

DESCRIPTION:

Premier Health Care, PLLC is requesting approval to establish a home care organization and initiate home health in Fayette, Haywood, Madison, Shelby and Tipton Counties. The principal office will be located at 2855 Stage Village Cove, Suite #5, Memphis (Shelby County) Tennessee.

## SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

### HOME HEALTH SERVICES

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.
2. The need for home health services should be projected three years from the latest available year of final JAR data.
3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, estimation will be made as to how many patients could be served in the future.

*The Department of Health Report for this application applied the formula in Steps 1-3 above to the applicant's proposed service area. The formula indicates 18,137 service area residents will need home health care in 2018; however there is expected to be capacity for 24,464 patients at existing home health agencies, resulting in a net excess of 4,327.*

*According to the formula the existing home health agencies licensed in the service area have the capacity to serve individuals residing in the service area in need of home health services so that it appears there is not a need for an additional home health agency.*

4. **County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

*The applicant submitted support letters from the following:*

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- 1) Muscular Dystrophy Association (Memphis, TN)-Letter states there is a need for a quality homecare provider specifically private duty nursing. No estimate of the number of patients that would be referred to applicant is provided.
- 2) Department of Veterans Affairs Medical Center (Memphis, TN)-Letter of recommendation only.
- 3) Delta Medical Center (Memphis, TN)-Letter of recommendation from Delta Medical Center stating it is hard to find skilled nursing for Medicaid that is the majority of hospital's caseload. No estimate of the number of patients that would be referred to applicant is provided.  
**Note to Agency Members: The 2015 Joint Annual Report for Delta Medical Center indicates Delta Medical Center experienced 11,947 Medicaid patient days out of a total of 42,630 patients days, or 26.9%.**
- 4) UT LeBonheur Pediatric Specialists (Memphis, TN): Letter states there is a need for skilled home nursing care within the muscular dystrophy patient association. No estimate of the number of patients that would be referred to applicant is provided.
- 5) Blue Cross Blue Shield of TN: Letter from Network Manager that BlueCross BlueShield of Tennessee is accepting providers for home health skilled nursing services statewide that that there is a need for additional home health providers in the Shelby County Area. There is no home health need assessment provided for Fayette, Haywood, Madison, and Tipton counties.
- 6) Veterans Hospital (Memphis, TN)-Letter from Nurse Manager noting it is difficult to secure infusion services and services on weekends and holidays. No estimate of the number of patients that would be referred to applicant is provided.

*It appears this criterion has not been met. The applicant did not provide documentation (e.g., letters) to satisfy the intent of the standard. The applicant did not address the following in the support letters: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; and c) providers supply an estimate of the potential number of patients that they might refer to the applicant. In addition, there was not support letters provided from AmeriGroup and Community Healthcare Plan.*

**5. Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

*The applicant provided tables in Supplemental #1 that includes all existing home health providers and the number of patients served for the latest three JAR reporting years. HSDA identified the following number of home health agencies by county that have served five or fewer patients in the service area in 2015: Fayette- 8 out of 29 licensed, Haywood-3 out of 21 licensed, Madison-2 out of 21 licensed, Shelby-2 out of 28 licensed, and Tipton-3 out of 28.*

*It appears this criterion has been met.*

**6. Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

*Premier has experience in recruiting, employing, and training staff to manage personal care in homes. All the skilled nurses will be directly employed by Premier.*

*It appears this criterion has been met.*

**7. Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

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*The applicant's linkage plan will include referring physicians, hospital discharge planners, and medical staff.*

*It appears this criterion has been met.*

**8. TennCare Managed Care Organizations (MCOs) and Financial Viability:**

Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

*The TennCare payor mix in Year One (2017) will represent \$490,896 or 90% of total revenue. The applicant provided a letter from BlueCare only. United Care and AmeriGroup did not provide letters to the applicant.*

*It appears this criterion has partially been met.*

**9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

*On page 55 of the application, the applicant provided 2015 JAR charge data per visits and hour for 7 agencies in the proposed service area  
It appears this criterion has been met.*

b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

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*On page 55 of the application, the applicant provided a schedule of charges for Year One of the proposed home health agency.*

*It appears this criterion has been met.*

**10. Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

*If granted, the applicant requests an unrestricted CON for home health services. The applicant will provide home health services to patients with neurological, orthopedic, immunological disorders, and complex IV therapy.*

*It appears this criterion is not applicable.*

**11. Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

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*The applicant plans to achieve accreditation from Accreditation Commission for Health Care.*

*It appears this criterion has been met.*

**12. Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

*The applicant will continue to provide all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.*

*It appears this criterion has been met.*

## **Staff Summary**

*Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.*

### **Application Synopsis**

Premier Health Care, PLLC seeks to establish a home health agency to serve patients residing in Fayette, Haywood, Madison, Shelby, and Tipton Counties. Premier plans to open a branch office in Madison County in the future as patient volumes in the service area increases.

Premier's proposed payor mix will consist of 90% TennCare, 8% Veteran's Administration, and 2% Medicare. The applicant will target private duty patients whose needs are greater than the typical daily visit consisting of one to two hours. Premier proposes to provide private duty services that includes up to 24 hours of continuous skilled care, personal and attendant care by skilled nurses and aides. If approved, Premier plans to provide complex IV therapy, and care for patients with neurological, orthopedic, renal, blood and immunologic disorders.

Premier has provided personal and attendant care for the past eight years as a Personal Support Services Agency licensed by the Tennessee Department of Mental Health and Substance Abuse Services. Premier's existing Personal

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Support Services service area consists of Shelby, Fayette, and Madison Counties with a payor mix consisting of 25% TennCare and 75% Veteran's Administration.

If approved, the Premier Health Care, PLLC expects to initiate service in March 2017.

### **Facility Information**

- The applicant will lease a 550 SF suite in a commercial office building located in Memphis (Shelby County), TN.
- The home office will consist of a reception and waiting area, two private offices and large work area, a copy and fax area, and space for medical records and files.

### **Ownership**

- Premier Health Care, LLC is an active Tennessee registered limited liability company formed May 9, 2011.
- The applicant owns Premier Health Care, LLC, a Personal Support Services Agency providing services in Fayette, Madison, and Shelby Counties.
- Premier Health Care, LLC is 100% owned by Catondria Brown.

## **NEED**

### **Project Need**

- According to the applicant, there are not adequate resources to meet the need for private duty care and pediatric care in the proposed service area.
- There are 28 home health agencies providing services in the five County service area. Last year, 11 agencies served no pediatric patients, and six agencies served 5 or fewer pediatric patients.
- According to the applicant, the proposed project will provide service area families with TennCare and commercial insurance more options, opportunities and access to quality care.

### **Service Area Demographics**

- The total population of the 5 county service area (Fayette, Haywood, Madison, Shelby, and Tipton) is estimated at 1,192,892 residents in calendar year (CY) 2016 increasing by approximately 2.7% to 1,225,208 residents in CY 2020.
- The overall statewide population is projected to grow by 4.3% from 2016 to 2020.
- The proposed service area 65 and over population will increase 16.9% from 154,055 in 2016 to 180,036 in 2020. The statewide 65 and over

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population will increase 16% between 2016 and 2020 from 1,091,516 to 1,266,295.

- The latest 2016 percentage of the service area population enrolled in the TennCare program is approximately 28.1%, as compared to the statewide enrollment proportion of 22.9%.

*Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.*

### **Service Area Historical Utilization**

Department of Health Joint Annual Reports for 2015 identified 95 existing home health agencies that reported utilization in at least one of the 5 service area counties. Home health utilization data indicated 23,808 patients were served in 2013 decreasing 7.5% to 22,017 patients in 2015.

### **Applicant's Historical and Projected Utilization**

- Since this is a new proposed home health agency, there is no historical home health data available for the applicant. The applicant does currently operate a personal support services agency.
- 16 patients are projected in Year 1 and 25 patients in Year 2 representing 13,440 hours/1,120 visits and 21,000 hours/1,750 visits, respectively.

## **ECONOMIC FEASIBILITY**

### **Project Cost**

Costs of the \$50,000 total estimated project cost are:

- Building Lease- \$35,000 or 70% of total cost.
- CON Filing Fee-\$15,000 or 30% of total cost.

### **Financing**

- An August 1, 2016 letter from Catondria Brown, Chief Financial Officer, confirms the availability of cash reserves to fund the proposed project.
- A bank statement for the period of August 16, 2016 through September 14, 2016 from Regions Bank reflects a cash balance of \$45,666.76.
- In the application, the applicant initially provided an "unaudited" financial document from the bookkeeping company "Verb: The Ultimate Action Word" for the period ending December 31, 2015 that reflected no current assets.
- In Supplemental #3 the applicant provided a revised "audited" Financial Statement from the bookkeeping company "VERB: The Ultimate Action Word" for the period ending December 31, 2015 that reflected \$370,000 in total Revenue, \$287,009 in Expenses, and Net Operating Income of \$82,991. Current Assets were not indicated in the revised financial

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statement. The applicant was asked a supplemental question regarding whether VERB: The Ultimate Action Word was a business entity registered with the Secretary of State. The applicant responded in Supplemental #3 that the company was not registered with the Tennessee Secretary of State; however the company provides accounting, bookkeeping, and tax preparation services.

*Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.*

#### **Historical Data Chart**

- Since this is a new proposed home health provider, a historical data chart specific to home health services was not available.

#### **Projected Data Chart**

The Projected Data Chart for Premier reflects \$545,000.00 in gross operating revenue on 13,440 patient hours and 1,120 patient visits and 16 patients during the first year of operation and \$730,800 on 1,750 patient hours and 25 patient visits in Year Two. The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal (\$35,106.00) in Year One (2017) increasing to \$83,422.00 in Year Two (2018).

#### **Charges**

In Year One of the proposed project, the average charges per visit and per hour are as follows:

	Home Health	Private Duty		Total Per Case
	Per Visit	Per Hour Per Case		
Gross Charge	\$487.00	\$40.58		\$34,090.00
Deduction	\$2.68	\$0.50		\$187.00
Net Charge	\$484.00	\$40.48		\$33,903

Source: CN1608-027

- The proposed average gross charge is \$34,090.00/patient case
- The average deduction is \$187.00/patient case, producing an average net charge of \$33,903/patient case.

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**Medicare/TennCare Payor Mix**

- The applicant's payor mix in Year 1 is shown in the following table.

**Applicant's Payor Mix, Year 1, Year 2017**

<b>Payor Source</b>	<b>Net Operating Revenue</b>	<b>as a % of Total</b>
Medicare	\$10,908.80	2%
TennCare/Medicaid	\$490,896	90%
Veterans Administration	\$43,635.20	8%
Total	\$545,440	100%

Source: CN1608-027, Supplemental #1.

## **PROVIDE HEALTHCARE THAT MEETS APPROPRIATE QUALITY STANDARDS**

**Licensure**

- The applicant will seek licensure from the Tennessee Department of Health, Board for Licensing Healthcare Facilities.
- The applicant is currently licensed as a Personal Care Support Services provider by the Tennessee Department of Mental Health and Substance Abuse Services. A letter from the Regional Manager of the TDMHSAS Office of Licensure dated October 17, 2016 noted that the applicant had submitted a plan of correction for 4 deficiencies cited during a July 28, 2016 inspection. The letter stated that the plan of correction was approved and the license would be renewed in full.

**Certification**

- The applicant will seek certification by Medicare and Medicaid/TennCare.

**Accreditation**

- The applicant plans to seek accreditation from the Accreditation Commission for Health Care.

## **CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE**

**Agreements**

- The applicant expects to develop referral and working relationships with hospitals and nursing homes in the proposed service area that may need to transfer patients into a home care setting.

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### Impact on Existing Providers

- The applicant believes that having another choice of nursing services would benefit service area consumers, physicians, and other healthcare professionals.

### Staffing

The applicant's proposed staffing is as follows:

Position	FTEs 2017	FTEs 2018
Administrative Officer	1.0	1.0
RN Supervisor	1.0	1.0
Recruiter	1.0	1.0
Staff Coordinator	1.0	1.0
Payroll Clerk	1.0	1.0
<b>Subtotal-Office Staff Positions</b>	<b>5.0</b>	<b>5.0</b>
Registered Nurse	6.0	8.0
Licensed Practical Nurse	2.0	4.0
Home Health Aide	15.0	20.0
<b>Subtotal-Field Staff</b>	<b>23</b>	<b>32</b>
<b>TOTAL-Office and Field Staff</b>	<b>28</b>	<b>37</b>

*Corporate documentation and office lease information are on file at the Agency office and will be available at the Agency meeting.*

Should the Agency vote to approve this project, the CON would expire in two years.

### **CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT**

There are no other pending applications, Letters of Intent, denied applications, or outstanding Certificates of Need for this applicant.

### **CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent or pending applications for other health care organizations in the service area proposing this type of service.



Denied Applications:

**Love Ones, CN1309-033D** was denied at the February 26, 2014 Agency meeting for the establishment of a home health agency and initiation of home health services in Shelby, Fayette, and Tipton Counties. The parent office was to be located at 2502 Mount Moriah, Suite A-148, Memphis (Shelby County), TN 38116. The estimated project cost was **\$177,800.00**. *Reasons for Denial: 1) Need-There has not been a supported need in this particular area as there are existing providers that have testified that they can accommodate a greater need than the actual patient census that they have proposed in the first two years of their business plan; Economic Feasibility-The project is not financially feasible considering the small number of patients, and they have underestimated the costs of what it is going to take to run a Medicare-certified agency.*

Outstanding Certificates of Need:

**AxelaCare Health Solutions, CN1606-022A**, has an outstanding Certificate of need that will expire on December 1, 2018. The application was approved at the October 26, 2016 Agency meeting for the establishment of a home care organization and the initiation of home health services limited to provision and administration only of home infusion of immune globulin pharmaceuticals. The service area includes Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, and Weakley Counties. The principal office will be located at 5100 Poplar Avenue, 27<sup>th</sup> Floor, Suite 2739, Memphis (Shelby County) Tennessee. The estimated project cost is **\$69,628.00**. *Project Status: The project was recently approved.*

**Alere Women's & Children's Health, CN1512-056A**, has an outstanding Certificate of Need that will expire on May 1, 2018. The application was approved at March 23, 2016 Agency meeting for the addition of 16 counties, including, Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardin, Henderson, Henry, Lake, McNairy, Obion, Perry, Wayne, and Weakley Counties to the existing 7-county service area of Alere Women's and Children's Health, a home health organization licensed by the Tennessee Department of Health whose parent office is located at 3175 Lenox Park Blvd, Suite 400, Memphis (Shelby County), TN, 38115. **The estimated project cost is \$79,000.** *Project Status: An update received October 1, 2016 reported the project was complete and operational. A final project report is pending.*

**Coram Alternate Site Services, Inc. d/b/a Coram Specialty Infusion Services CN1406-018A** has a Certificate of Need that will expire on November 1, 2016. The project was approved at the September 24, 2014 Agency meeting for the establishment of a home care organization and the initiation of home health

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services limited to the provision and administration of home infusion products and related services ancillary to its pharmacy services in a 25 county service area of West Tennessee, including the following counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Lake, Lauderdale, McNairy, Madison, Obion, Perry, Shelby, Stewart, Tipton, Wayne and Weakley Counties. The parent office will be located in its licensed home infusion pharmacy at 1680 Century Center Parkway, Suite 12, Memphis, Tennessee, 38134. The estimated project cost is **\$98,000.00**. *Project Status Update: A status update on November 2, 2016 from a representative of the applicant indicated that the project was complete and operational. A Final Project Report is pending.*

**PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, HEALTH CARE THAT MEETS APPROPRIATE QUALITY STANDARDS, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.**

PME  
1/24/2017

# **LETTER OF INTENT**



**State of Tennessee**  
**Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
 502 Deaderick Street  
 Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

**PUBLICATION OF INTENT**

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Premier Health Care, LLC  
 (Name of Applicant)

Personal Support Services Agency  
 (Facility Type-Existing)

owned by: Catondria Brown with an ownership type of Limited Liability Corporation

and to be managed by: Catondria Brown intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: To establish a licensed home health agency and to provide home health agency services (primarily hourly nursing services) in Shelby, Fayette, Haywood, Tipton and Madison Counties in Tennessee, at a cost estimated at \$11,400 for CON purposes. Its principal office will be located at 2855 Stage Village Cove, Suite # 5, Bartlett, Tennessee 38134.

The anticipated date of filing the application is: on or before August 15th, 20 16

The contact person for this project is Catondria Brown Chief Financial Officer  
 (Contact Name) (Title)

who may be reached at: Premier Health Care, LLC 2855 Stage Village Cove, Suite # 5  
 (Company Name) (Address)

Bartlett, Tennessee 38134 901 / 388-2228  
 (City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency**  
**Andrew Jackson Building, 9<sup>th</sup> Floor**  
**502 Deaderick Street**  
**Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

**COPY**

**Premier Health Care,**  
**LLC**

**CN1608-027**

August 1, 2016

Melanie M. Hill  
Tennessee Health Services and Development Agency  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
500 Deadrick Street  
Nashville, TN. 37243

RE: CON Application Submittal  
Premier Health Care, LLC – New Agency  
Principal Office in Bartlett, Tennessee, Shelby County

Dear Mrs. Hill

Enclosed is an original and two copies of Premier's application. The affidavit and filing fees are also enclosed.

I am the contact person for this project. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,

Catondria Brown

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2855 Stage Village Cove, Suite # 5, Bartlett, TN. 38134

[premierha@att.net](mailto:premierha@att.net)

Office: 901-388-2228

Fax: 901-388-2219

**PREMIER HEALTH CARE, LLC  
CERTIFICATE OF NEED APPLICATION  
TO ESTABLISH A MEDICARE-CERTIFIED  
HOME HEALTH AGENCY TO PROVIDE  
PRIVATE DUTY NURSING SERVICES**

**Bartlett, TN. Shelby County  
Filed August 2016**

1. **Name of Facility, Agency, or Institution**

Premier Health Care, LLC  
 Name  
 2855 Stage Village Cove, Suite # 5  
 Street or Route  
 Bartlett  
 City  
 Tennessee  
 State  
 Shelby  
 County  
 38134  
 Zip Code

2. **Contact Person Available for Responses to Questions**

Catondria Brown  
 Name  
 Premier Health Care, LLC  
 Company Name  
 2855 Stage Village Cove, Suite # 5  
 Street or Route  
 Owner  
 Association with Owner  
 Bartlett  
 City  
 901-388-2228  
 Phone Number  
 Chief Financial Officer  
 Title  
 tonismithphc@yahoo.com  
 Email address  
 TN  
 State  
 38134  
 Zip Code  
 901-388-2219  
 Fax Number

3. **Owner of the Facility, Agency or Institution**

Catondria Brown  
 Name  
 2855 Stage Village Cove, Suite # 5  
 Street or Route  
 Bartlett  
 City  
 Tennessee  
 State  
 901-388-2228  
 Phone Number  
 Shelby  
 County  
 38134  
 Zip Code

4. **Type of Ownership of Control (Check One)**

- |                                 |       |                               |       |
|---------------------------------|-------|-------------------------------|-------|
| A. Sole Proprietorship          | _____ | F. Government (State of TN or | _____ |
| B. Partnership                  | _____ | Political Subdivision)        | _____ |
| C. Limited Partnership          | _____ | G. Joint Venture              | _____ |
| D. Corporation (For Profit)     | _____ | H. Limited Liability Company  | _____ |
| E. Corporation (Not-for-Profit) | _____ | I. Other (Specify)            | X     |

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND  
 REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.



5. Name of Management/Operating Entity (If Applicable) N/A

Name \_\_\_\_\_

Street or Route \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND  
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. Legal Interest in the Site of the Institution (Check One)

- |                            |          |                    |       |
|----------------------------|----------|--------------------|-------|
| A. Ownership               | _____    | D. Option to Lease | _____ |
| B. Option to Purchase      | _____    | E. Other (Specify) | _____ |
| C. Lease of <u>3</u> Years | <u>X</u> |                    |       |

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND  
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. Type of Institution (Check as appropriate--more than one response may apply)

- |   |          |   |       |
|---|----------|---|-------|
| A. Hospital (Specify) _____   | _____    | I. Nursing Home                                 | _____ |
| B. Ambulatory Surgical Treatment<br>Center (ASTC), Multi-Specialty    | _____    | J. Outpatient Diagnostic Center                 | _____ |
| C. ASTC, Single Specialty   | _____    | K. Recuperation Center                          | _____ |
| D. Home Health Agency   | <u>X</u> | L. Rehabilitation Facility                      | _____ |
| E. Hospice  | _____    | M. Residential Hospice                          | _____ |
| F. Mental Health Hospital   | _____    | N. Non-Residential Methadone<br>Facility        | _____ |
| G. Mental Health Residential<br>Treatment Facility                    | _____    | O. Birthing Center                              | _____ |
| H. Mental Retardation Institutional<br>Habilitation Facility (ICF/MR) | _____    | P. Other Outpatient Facility<br>(Specify) _____ | _____ |
|   |          | Q. Other (Specify) _____                        | _____ |

8. Purpose of Review (Check) as appropriate--more than one response may apply)

- |  |          |                                 |       |
|--|----------|---------------------------------|-------|
| A. New Institution   | <u>X</u> | G. Change in Bed Complement     | _____ |
| B. Replacement/Existing Facility   | _____    | [Please note the type of change |       |
| C. Modification/Existing Facility  | _____    | by underlining the appropriate  |       |
| D. Initiation of Health Care<br>Service as defined in TCA §<br>68-11-1607(4) | _____    | response: Increase, Decrease,   |       |
| (Specify) <u>Home Health</u>   | <u>X</u> | Designation, Distribution,      |       |
| E. Discontinuance of OB Services   | _____    | Conversion, Relocation]         |       |
| F. Acquisition of Equipment  | _____    | H. Change of Location           | _____ |
|  |          | I. Other (Specify) _____        | _____ |

9. Bed Complement Data N/A

*Please indicate current and proposed distribution and certification of facility beds.*

	<u>Current Beds Licensed</u>	<u>*CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
A. Medical	_____	_____	_____	_____	_____
B. Surgical	_____	_____	_____	_____	_____
C. Long-Term Care Hospital	_____	_____	_____	_____	_____
D. Obstetrical	_____	_____	_____	_____	_____
E. ICU/CCU	_____	_____	_____	_____	_____
F. Neonatal	_____	_____	_____	_____	_____
G. Pediatric	_____	_____	_____	_____	_____
H. Adult Psychiatric	_____	_____	_____	_____	_____
I. Geriatric Psychiatric	_____	_____	_____	_____	_____
J. Child/Adolescent Psychiatric	_____	_____	_____	_____	_____
K. Rehabilitation	_____	_____	_____	_____	_____
L. Nursing Facility (non-Medicaid Certified)	_____	_____	_____	_____	_____
M. Nursing Facility Level 1 (Medicaid only)	_____	_____	_____	_____	_____
N. Nursing Facility Level 2 (Medicare only)	_____	_____	_____	_____	_____
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)	_____	_____	_____	_____	_____
P. ICF/MR	_____	_____	_____	_____	_____
Q. Adult Chemical Dependency	_____	_____	_____	_____	_____
R. Child and Adolescent Chemical Dependency	_____	_____	_____	_____	_____
S. Swing Beds	_____	_____	_____	_____	_____
T. Mental Health Residential Treatment	_____	_____	_____	_____	_____
U. Residential Hospice	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____

\*CON-Beds approved but not yet in service

10. **Medicare Provider Number** \_\_\_\_\_ To be applied for \_\_\_\_\_

**Certification Type** \_\_\_\_\_ Home Health \_\_\_\_\_

11. **Medicaid Provider Number** \_\_\_\_\_ To be applied for \_\_\_\_\_

**Certification Type** \_\_\_\_\_ Home Health \_\_\_\_\_

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?**

See attachment A.12

13. **Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? \_\_\_\_\_ If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.**

See attachments for A.12 & A.13

**A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?**

It is a purposed new home health agency. Certification will be sought for Medicare. Premier Health Care has certification with TennCare/Medicaid which was first obtained in 2009.

**A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS/BEHAVIORAL HEALTH ORGANIZATIONS (MCOs/ BHOs) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? YES. IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCOs/BHOs WITH WHICH THE APPLICATION HAS CONTRACTED OR PLANS TO CONTRACT.**

**DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCOs/BHOs IN THE AREA.**

Premier Health Care, LLC is currently a licensed Personal Support Services Agency. We are located in Bartlett, TN. Our existing agency contracts with all available MCOs in Shelby, Fayette, and Madison Counties. The payor mix is approximately 25% TennCare. This proposed home health agency will seek contracts with all MCOs active in the proposed service areas. The MCOs for the project service are shown in Table One below.

**Table One: Contractual Relationships with Service Area MCOs**

<b>Available TennCare MCOs</b>	<b>Applicant's Relationship</b>
AmeriGroup	Contracted
United Community Healthcare Plan	Contracted
BlueCare/TennCare	Contracted

**NOTE: Section B is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. Section C addresses how the project relates to the Certificate Of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

## **SECTION B. PROJECT DESCRIPTION**

Please answer all questions on 8 ½ x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a particular question does not apply to your project, indicate "NOT Applicable (NA)" after that question.

**B.1. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FEASIBILITY AND STAFFING.**

### **Proposed Services and Equipment**

- Premier Health Care, LLC is a provider of personal care services (non-medical services) in Shelby, Fayette and Madison Counties. Approximately 25% of its services are delivered to TennCare patients. Approximately 75% of its services are delivered to U.S. Veterans. Premier Health Care is contracted with the VA Medical Centers in Memphis, Jackson, and Nashville, Tennessee. Premier proposes to establish a home health agency to serve five West Tennessee counties (Fayette, Haywood, Madison, Shelby and Tipton), through a principal office in Bartlett, TN. Premier plans to open an office in Madison county as patient volumes in the area increase.
- Home Health services are provided as either "visits" (reimbursed at a flat rate) or "hours" (reimbursed hourly). Premier will not market in the traditional manner in which most home health agencies do. Traditional home health agencies market "visits". Premier proposes to provide private duty hourly care to TennCare, pediatric patients and medically complex patients. Premier proposes a 90% TennCare payor mix for the new home health services.
  - (a). 55% of all pediatric cases served in 2015 (396 of 713) were served by three companies
  - (b). There are currently only seven (7) of the 28 companies who service the five proposed counties that provide private duty nursing to pediatric patients.
  - (c). Only two (2) of seven companies who provide private duty nursing services to pediatric patients have a 90% TennCare payor mix.
  - (d). Premier plans to service sixteen (16) patients during the first year which would be approximately 1/15 of 1% of the total patients served in the proposed counties.
- Premier's private duty patients will be both TennCare and commercially insured patients who's needs are greater than the typical daily one to two hour visits. Typically, home health visits consists of 1-2 hours of physical, occupational, and/or speech therapy in conjunction with medication administration. While, Premier's private duty services can include up to twenty four hours of continuous skilled care, personal and attendant care by skilled nurses and aides. Private duty care includes care for patients with

infectious disease disorders and/or disabilities. Premier plans to provide complex IV therapy, and care for patients with neurological, orthopedic, renal, blood and immunologic disorders.

- Premier Health Care seeks an unrestricted home health agency license. Although Premier Health Care proposes less than 1% of its visits will be to Medicare patients, the company will seek a Medicare provider number which is a TennCare requirement.

#### Ownership Structure

- Premier Health Care is a limited liability corporation. The Chief Financial Officer is Catondria Brown who owns 100% of the company. It has provided personal support services (which includes personal and attendant care) in Tennessee (Fayette, Madison and Shelby counties) for more than 8 years.

#### Service Area

- The service area shall include Fayette, Haywood, Madison, Shelby and Tipton counties.

#### Need and Existing Resources

- There are currently seven (7) agencies throughout the proposed 5 West Tennessee counties which provide private duty services to pediatric patients. Approximately 78% of all private duty pediatric patients were served by only three of the seven agencies who provide pediatric private duty services. Premier has a staff of nurses with clinical experience who assess its patients through the VA Medical Center. Some agencies who provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends. Premier has been a successful provider of home health aide services because of competent staffing and availability to serve patients 7 days / week, 365days a year.
- Healthcare professionals such as nurses, social workers practicing at care facilities, The Muscular Dystrophy Association, and UT LeBonheur Pediatric Specialists in Memphis, TN. and the VA Medical Center have submitted support letters that express the need for quality skilled private duty nursing. The resources are not adequate to meet the need for private duty care and pediatric care.
- There are 28 home health agencies providing services in the 5 proposed counties. Seventeen agencies provide pediatric care. Last year, eleven agencies served no pediatric patients, and six agencies served 5 or fewer pediatric patients.
- The competitive impact of another agency will be minimal. First, Premier will not provide care for Medicare patients in this area. Medicare is a large part of most agency's payor mix. Second, Its 25 patients in the second year is approximately 1/10 of 1% of the 24,000+ home health patients served in this area last year. Third, Premier Health Care, LLC as an established home agency has no capital debt, no construction costs, no major equipment is involved and pay staff only as they are needed. It is feasible and in the public interest for patients and their families to have different options when choosing care for loved ones with various illnesses and/or disabilities. This project will give families with TennCare and commercial insurance more options, opportunities and access to quality care.

### Project Cost, Funding, and Financial Feasibility

- The costs associated with this project are for leasing, (existing office with existing 3 year lease) a principal administrative office in Bartlett, TN (Shelby County). The cost for CON purposes is \$50,000 of which \$15,000 is the actual cash requirement (the balance includes the existing lease). All cost will be funded by the applicant. The service is projected to be financially feasible in its first year of operation.

### Staffing

- In year one Premier will employ 23 field staff which consists of 6 RN's, 2 LPN's, and 15 Home Health Aides to serve patients in their homes and 5 supervisory and office personnel in the principal office.

## **B. II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.**

**B. II. A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq*) INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC. APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$ 5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COSTS IN EXCESS OF \$ 2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART. UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E. BY IDENTIFYING AS APPLICABLE NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOTAGE SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOTAGE. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B. – E. PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.**

Not Applicable.

**If the project involves none of the above, describe the development of the proposal.**

### Facility Development

The principal office for Premier is a leased space in a commercial office building located at 2855 Stage Village Cove, Suite # 5 in Bartlett, TN, in Shelby County. The office is 550 square feet. It consists of a reception and waiting area, 2 private offices and a large work area, a copy and fax area and space for medical records and files.

The office staff shall consist of an Administrator, an RN supervisor, a Staff Coordinator, a

recruiter, and payroll personnel. The field staff will consist of an estimated six (6) RN's, two (2) LPN's and 15 Home Health Aides.

- There are no construction costs for this project.

#### Project Cost and Funding

The project for CON purposes is estimated at \$50,000 (which includes the existing office fair market value of \$35,000). \$15,000 is the actual cash requirement. The applicant has sufficient cash and operating reserves to fund the total cost of the project.

#### Implementation and Operation

If granted CON approval Premier shall be operational by March, 2017. It shall provide services 24 hours daily throughout the year including all Holidays.

#### Services Provided

Premier Health Care, LLC provides non-medical care and RN nursing assessments and shall provide skilled medical and non-medical care, private duty nursing, RN nursing assessments, Infusion therapy, medication/injection training, and disease management instruction, assistance with daily living activities, respite and/or companion care, personal care, attendant care available 24/7 and other home care services. The company proposes to provide services to adult and pediatric patients younger than 65 years of age with a 90% TennCare payor mix throughout the proposed counties in Tennessee.

#### The Company

Premier Health Care, LLC is a health care agency which provides non-medical care and RN assessments for 8 ½ years in Shelby, Fayette and Madison counties. Its principal office is located at 2855 Stage Village Cove, Suite # 5, Bartlett, TN. 38134.

Included is a map which illustrates the 5 counties in West Tennessee which Premier Health Care, LLC proposes to provide services. See Attachment B.II – Service Area Maps

**B(II).B. IDENTIFY THE NUMBER AND TYPES OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DISCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON THE EXISTING SERVICES.**

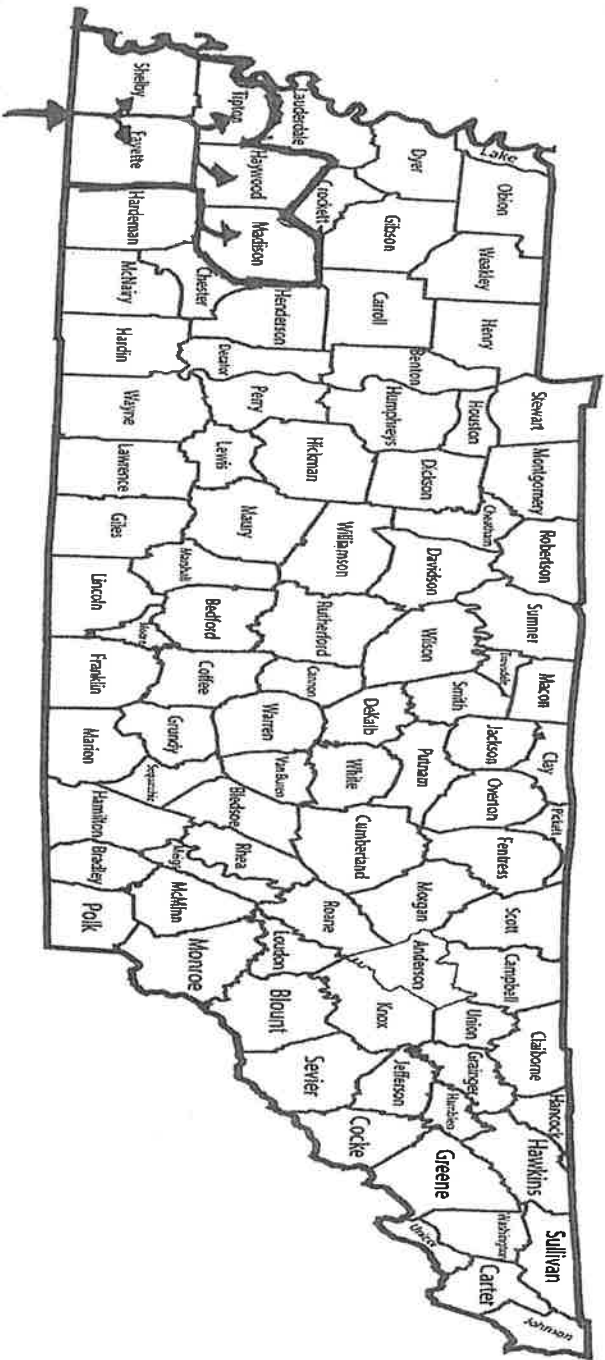
Not Applicable. This is not an inpatient facility.







Premier Health Care's Proposed Service Area



- C. As the applicant, describe your need to provide the following health care services (if applicable to this application): Please see attached page B II. C
1. Adult Psychiatric Services
  2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
  3. Birthing Center
  4. Burn Units
  5. Cardiac Catheterization Services
  6. Child and Adolescent Psychiatric Services
  7. Extracorporeal Lithotripsy
  8. Home Health Services X
  9. Hospice Services
  10. Residential Hospice
  11. ICF/MR Services
  12. Long-term Care Services
  13. Magnetic Resonance Imaging (MRI)
  14. Mental Health Residential Treatment
  15. Neonatal Intensive Care Unit
  16. Non-Residential Methadone Treatment Centers
  17. Open Heart Surgery
  18. Positron Emission Tomography
  19. Radiation Therapy/Linear Accelerator
  20. Rehabilitation Services
  21. Swing Beds
- D. Describe the need to change location or replace an existing facility. Not applicable
- E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following: Not Applicable
1. For fixed-site major medical equipment (not replacing existing equipment):
    - a. Describe the new equipment, including:
      1. Total cost ;(As defined by Agency Rule).
      2. Expected useful life;
      3. List of clinical applications to be provided; and
      4. Documentation of FDA approval.
    - b. Provide current and proposed schedules of operations.
  2. For mobile major medical equipment:
    - a. List all sites that will be served;
    - b. Provide current and/or proposed schedule of operations;
    - c. Provide the lease or contract cost.
    - d. Provide the fair market value of the equipment; and
    - e. List the owner for the equipment.
  3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) In

**B.II. C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION)**

Premier Health Care provides non-medical home care such as home health attendant care and personal care, (assisting patients with daily living activities) respite care and other home care services to TennCare patients and to Veterans in Shelby, Fayette and Madison counties. Premier is seeking approval to provide private duty nursing services to five counties in West Tennessee (Shelby, Fayette, Madison, Tipton and Haywood counties). Our focus is to provide private duty nursing to children, adolescent and adult TennCare patients of the ages 0- 64 with complex medial needs. Such cases are non-Medicare cases. For many agencies a large portion of revenue comes from Medicare.

There is a need for more of this "niche" care in West Tennessee. There is a growing need for agencies who can provide 24 hour / 365-day care which have adequate skilled staff to care for patients with complex needs. Please see attachments for references of the growing need for these services including one from The Muscular Dystrophy Association in Memphis, TN. and one from UT LeBonheur Pediatric Specialists Clinical Nurse Coordinator.

Premier recognizes that health care professionals have an increased need for services of this type for their patients. Please see the attached letter for reference of TennCare expressed need for additional providers of skilled nursing from the Ancillary Network Manager of BlueCross Blueshield of TN.

There is room for a small agency such as Premier because there are currently seven (7) agencies throughout the proposed 5 West Tennessee counties which provide private duty services to pediatric patients. Approximately 78% of all private duty pediatric patients were served by only three of the seven agencies who provide pediatric private duty services. Premier has a staff of nurses with clinical experience who provide RN assessments to its patients through the VA Medical Center. Some agencies who provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends.

TennCare service enrollment is approximately 28% of the population. TennCare services are limited in the proposed service area. Fifteen of the twenty eight agencies reported no TennCare revenue/participation; Of the thirteen companies which have a TennCare payor mix, six agencies reported under 20% of the payor mix from TennCare and only two agencies have the 90% payor mix that Premier proposes.

The competitive impact of another agency will be minimal. First, Premier will not provide care for Medicare patients in this area. Medicare is a large part of most agency's payor mix. Second, Its 16 patients in the first year is approximately 1/15 of 1% of the 24,000+ home health patients in this area last year. Its 25 patients in the second year is approximately 1/10 of 1% of the 24,000+ home health patients served in this area last year. Third, Premier Health Care, LLC as an established home agency has no capital debt, no construction costs, no major equipment is involved and pay staff only as they are needed. It is feasible and in the public interest for patients and their families to have different options when choosing care for loved ones with various illnesses and/or disabilities. This project will give families with TennCare and commercial insurance more options, opportunities and access to quality care.

**B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.**

Not Applicable.

**B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE WHICH EXCEED A COST OF \$1.5 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATION BY RESPONDING TO THE FOLLOWING:**

1. For fixed site major medical equipment (not replacing existing equipment):
  - a. Describe the new equipment, including:
    1. Total Cost (As defined by Agency Rule);
    2. Expected Useful Life;
    3. List of clinical application to be provided; and
    4. Documentation of FDA approval.
2. For mobile major medical equipment:
  - a. List all sites that will be served;
  - b. Provide current and/or proposed schedule of operations;
  - c. Provide the lease or contract cost;
  - d. Provide the fair market value of the equipment; and
  - e. List the owner for the equipment
3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable to this project.

**B.III.A – ATTACH A COPY OF THE PLOT OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:**

- 1. SIZE OF SITE (In acres):**
- 2. LOCATION OF STRUCTURE ON THE SITE**
- 3. LOCATION OF THE PROPOSED CONSTRUCTION; AND**
- 4. NAMES OF THE STREETS, ROADS, OR HIGHWAYS THAT CROSS OR BORDER THE SITE.**

**PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.**

SEE ATTACHMENT B.III.A

**B. III. B. 1 DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ASSESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.**

Staff nurses and home health aides who provide services will live throughout the service area. The agency office in Bartlett, TN., is with in 20 minutes to 1.5 hours commute of all major communities in the service area. See Table below. Great access is available from Shelby County via Interstates and Highways:

- To Fayette County via US 64 W, and I-40W
- To Haywood County via I-40 W
- To Madison County via I-40 W
- To Tipton County via TN 14 S

<b>Table: 2 Mileage and Drive Times Between</b>			
<b>Project at 2855 Stage Village Cove, Bartlett, TN</b>			
<b>And Major Communities in the proposed 5-County Service Area</b>			
<b>Community</b>	<b>Tennessee County</b>	<b>Distance in Miles</b>	<b>Drive time in Minutes</b>
Somerville	Fayette	29.0	41 min.
Brownsville	Haywood	49.0	52 min.
Jackson	Madison	73.0	75 min
Covington	Tipton	31.0	41 min
Memphis	Shelby	14.5	21 min.
Millington	Shelby	12.9	21 min.

Source: Google Maps, June, 2016

**B. IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC. ON AN 8 ½ X 11' SHEET OF WHITE PAPER.**

**NOTE: DO NOT SUBMIT BLUEPRINTS. SIMPLE LINE DRAWINGS SHOULD BE SUBMITTED AND NEED NOT TO BE DRAWN TO SCALE.**

See attachment B.IV.

**V. FOR A HOME CARE ORGANIZATION, identify**

**1. EXISTING SERVICE AREA (BY COUNTY):**

None. This is for a new home care.

**2. PROPOSED SERVICE AREA BY COUNTY**

Fayette, Haywood, Madison, Shelby and Tipton

**3. A PARENT OR PRIMARY SERVICE PROVIDER:**

None

**4. EXISTING BRANCHES AND/OR SUBUNITS:**

None

**5. PROPOSED BRANCHES AND/OR SUBUNITS:**

Premier proposes a branch office in Madison County as patient volumes predicate.

**SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED**

**In accordance with Tennessee Code Annotated 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three criteria are further defined in Agency Rule 0720-4.01. Further standards for guidance are provided in the State Health Plan (Guidelines For Growth), developed pursuant to Tennessee Code Annotated 69-11-1625.**

**The following questions are listed according to the three criteria; (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodology when appropriate. Please type each question and its response on a 8 ½ x 11" white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."**

QUESTIONS**C. (1) NEED****CI.**

**DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN IN TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.**

**a. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERION AND STANDARDS (PAGES 6-9) HERE.**

**b. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS. (4) (a-c).**

Guidelines for Growth 2000Project-Specific GuidelinesHome Health Services

**a.1. The need for home health agencies/services shall be determined on a county by county basis.**

**a.2. In a given county, 1.5 percent of the total population will be considered as the need estimate for the home health services in that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.**

**a.3. Using recognized population sources, projections for four years into the future will be used.**

**a.4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.**

According to the Tennessee Joint Annual Report of Home Health Agencies -2014 Final comparison of Population Based Need Projection vs. Actual Utilization (2019 vs, 2014), existing agency capacity will exceed area needs by 7,098 patients in 2019.

- It is our opinion the current need formula may underestimate the need for home health services. Age factors are not taken into consideration. Patients who are sixty five and older would more than likely require more care than those under the age of sixty five. The ability for existing agencies to provide services for the growing population would be another criteria to consider.

- The Certificate of Need requirement does not cover non-medical services yet in the Joint Annual Report such services are calculated and included to record the "patients served" for each agency. Non- home health services cover up to 30% or more of an agency's total hours. Also, we believe that using patient numbers instead of actual hourly units utilized may result in seeing a larger number of services used.

- In summary, we believe the current formula may underestimate the need for home health services.

QUESTIONS**C.1. – NEED****a.5. Documentation from referral sources:**

**(a). The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.**

Please find attached letters of support from several health care professionals who make home health referrals. The letters indicate that this proposed agency is needed and would receive referrals.

The letter from The Muscular dystrophy Association is from the Senior Family Services and Clinic Coordinator for the Memphis, TN area. Ashley Quimby, RN, BSN is the Muscular Dystrophy Association Clinic Nurse Coordinator at UT LeBonheur Children's Hospital. She writes about the need for skilled nursing care within the muscular dystrophy population which includes a wide range of pediatric and adult diagnoses.

Marilyn Bonner, RN is a Nurse Manager in Care Coordination for the VA Medical Center in Memphis. She expresses, "It is often difficult to secure infusion services for our veterans due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially."

Phillip S. Morrison, Ancillary Network Manager for BlueCross BlueShield of TN – (TennCare) writes, "We are currently accepting new providers for Home Health skilled nursing statewide. There is a need for additional health providers in the Shelby County area."

All letters are attached following this page.





Muscular Dystrophy Association  
mda.org

July 7, 2016

Dear Toni Smith,

My name is Nicole Petrouski and I serve as the Senior Family Services and Clinical Coordinator for the Muscular Dystrophy Association which covers Western TN, Eastern Arkansas and Mississippi.

Many of our families are in need of a quality homecare provider specifically private duty nursing for hourly care. Our families have a wide range of neuromuscular diseases in which require different levels of care. Currently our MDA office in Memphis serves over 1600 people in the Memphis area and in the entire state of Mississippi with muscle disease.

I would like to support the Premier Health Care application for Certificate of Need for Shelby, Fayette, Tipton, Haywood and Madison counties in West Tennessee. They are a well-respected, quality provider of attendant care and personal care in Shelby, Fayette and Madison counties. I am confident they will provide the same quality of care to our patients in the future.

Thank you,

Nicole Petrouski

npetrouski@mdausa.org

City 901 748 3036  
Fax 901 748 0485  
3149 Players Club Parkway  
Memphis, TN 38125

Jun. 30. 2016 1:09PM

No. 5797 P. 1



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
1030 Jefferson Avenue  
Memphis TN 38104

In Reply Refer To:

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Catondria Brown and Premier Health Care Agency. I have known and worked with Ms. Brown for more than eight years. Her company provides services to the Veterans Administration Medical Center (VAMC), Memphis Homemaker/Home Health Aide Program.

I have found Ms. Brown to be professional in her dealings with the VA staff as well as with our veteran population with which she serves. In addition, she is a woman of good character and is committed to providing high quality service. She has a passion for serving others and it shines through in the manner in which she conducts business. Ms. Smith responds to and assigns staff to the referrals that we send to her in a timely manner. The veterans report that they are highly satisfied with the services that are provided by Premier.

Ms. Brown has an excellent staff working with and for her. They are reliable, dedicated, and works diligently to meet client needs. This is as a result of the excellent leadership of Ms. Brown.

Premier Health Care consistently performs exceptionally well in VAMC agency reviews. We are fortunate to be able to work with such an agency.

I recommend Ms. Brown without reservations and am confident that she will be an asset to your team. Please let me know if you have any further questions or need additional information.

Sincerely,

*Rita B. Range*  
Rita B. Range, MSW, LCSW  
Supervisory Social Worker



DELTA MEDICAL CENTER

memphis

Hi, Toni. The Private Duty nursing service that you mentioned that will take Medicare and Medicaid is really needed and will benefit my patients. Currently it is extremely hard to find skilled nursing for my Medicaid patients and that is the majority of my caseload.

Erica Ford, LCSW

Delta Medical Center

3000 Getwell Road

Memphis TN 38118

phone: 369.8547

phone: 369.6075

[ericaford@medcenter.com](mailto:ericaford@medcenter.com)

*The best way out is always through. Robert Frost*

3000 Getwell Road

Memphis, TN 38118

901.369.8700

[www.Delta.MedCenter.com](http://www.Delta.MedCenter.com)

## UT Le Bonheur Pediatric Specialists


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June 9, 2016

To whom it may concern:

There is a need for skilled home nursing care within the muscular dystrophy patient population. The muscular dystrophy population includes a wide range of pediatric and adult diagnoses that can require total care, hospice care and respite care for caregivers.

  
Ashley Quimby, RN, BSN  
MDA Clinic Nurse Coordinator

Department of Neurology  
848 Adams, Suite L400  
Memphis, Tennessee 38103

7/7/2016

Print

**Subject:** Home Health Services  
**From:** Morrison, Phillip (Phillip\_Morrison@BCBST.com)  
**To:** premierha@att.net;  
**Date:** Wednesday, May 25, 2016 10:34 AM

We are currently accepting new providers for Home Health Skilled Nursing Services statewide. There is a need for additional home health providers in the Shelby County area. Contracts can be offered as long as meets our credentialing requirements.

**1) TN: Licensed as a Home Health Provider**

Other States: Licensed in accordance with that state's licensing laws

2) Not currently sanctioned by Medicare/Medicaid

3) \$1 million/\$3 million Malpractice

4) Medicare Part A

5) CLIA certificate, if applicable

6) TJC or CHAP or AAAHC, collect but not required

7) If not accredited, copy of state or CMS site audit

8) General Liability Insurance

9) History of federal and/or state sanctions (Medicare, Medicaid, or TennCare)

10) An attestation to the correctness and completeness of the application

Phillip Morrison

***Phillip S Morrison***

Ancillary Network Manager

BlueCross BlueShield of TN

3200 West End Avenue, Suite 102

Nashville, TN 37203

P#: 615-760-8711

about:blank

7/7/2016

Print

**Subject:** Infusion services  
**From:** Bonner, Marilyn L. (Marilyn.Bonner@va.gov)  
**To:** premierha@atl.net;  
**Date:** Wednesday, May 25, 2016 10:31 AM

To Whom it may concern,

In dealing with the community referrals, our department it is often difficult to secure infusion services for our veteran due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially . Any additional resources to help resolve these issues would be greatly appreciated . These resources would help decrease length of stays in this hospital as well as in the community .

Marilyn L Bonner RN  
Nurse Manager  
Care Coordination-Memphis  
901-523-8990 ext 5383  
Fax: 901-302-3570

The smallest act of kindness is worth more than the grandest intention.....

Oscar Wilde

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QUESTIONS**C.1. - NEED**

**5.b. The applicant shall provide information indicating the type of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.**

**Table: 3** below illustrates Premier's estimate of its Year One composition from a clinical perspective.

**Estimated Year One Composition of Cases By Clinical Need  
Premier Health Care Services**

Type of Patient	Number - ( %)
Neurological *	6- 38%
Cardiovascular	2 - 12%
Respiratory	2 - 12%
Other *	6 - 38%
Total Projected Patients, Year One	16- (100%)

*Percentages and patient numbers rounded*

- Neurological – traumatic brain injury, quadriplegic, paraplegic and others.
- Other – Muscular Dystrophy, seizure disorder, gastrointestinal disease and other conditions.

**5.c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.**

Please see letters provided in response to criterion 5a above.

**5d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.**

Premier will specialize in private duty, non-Medicare, hourly care for patients with multiple needs, especially pediatric patients. Premier's payor mix will be 90% TennCare. Of the 28 agencies authorized for one or more of the counties in the proposed service area, few are dependent on these "niche" services. The following table will illustrate how the differences.

QUESTIONS**C.1.a.5.(d).- NEED**Many Agencies Authorized for the West Tennessee Area Do Not Serve TennCare patients.

- Premier proposes a 90% TennCare payor mix which is higher than most of the authorized agencies in the 5 proposed West Tennessee counties.
  - Only 2 of the authorized agencies offer a payor mix of 90%.
  - 15 of the 28 authorized agencies reported 0 TennCare revenue/participation.
  - 6 agencies reported under 20% TennCare revenue.
- (Please see Table Below)

Few Authorized Agencies Provide Significant Pediatric Care

- 50% of Premier's caseload will consist of pediatric patients.
  - Only a hand full of authorized agencies in the proposed service area have more than a token amount of pediatric patients.
  - 55% of all pediatric patients served by authorized agencies within the 5 proposed counties (396 of 713) were served by only three agencies.
- (Please see Table Below)



QUESTIONS**C.1.a. - NEED****Table: 4 Existing Agency Patients and Agency Pediatric Services and Dependence**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extencicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care Pharmacy							
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source: TDH 2015 Joint Annual Reports Registry for Authorized counties:

Source: TDH 2015 - Department of Statistical Data

QUESTIONS**C.1.a. - NEED****Table: 5 2015 TennCare Payor Mix of Agencies Authorized in Services Area**

Health Stat. ID	Agency County	Agency Name	Total Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	\$31,824,839	\$22,851,469	71.80%
19544	Davidson	Home Care Solutions Inc.	\$9,626,513	\$0	0.00%
24026	Fayette	NHC HomeCare	\$2,280,789	\$0	0.00%
24036	Fayette	Where the Heart Is	\$2,344,460	\$250,218	10.67%
57095	Madison	Extendicare Home Health of West Tennessee	\$5,139,289	\$0	0.00%
79456	Shelby	Accredo Health Group, Inc.	\$0	\$0	0.00%
79466	Shelby	Alere Women's and Children's Health LLC	\$532,931	\$187,059	35.10%
79146	Shelby	Amedisys Home Care	\$3,379,165	\$0	0.00%
79246	Shelby	Amedisys Home Health Care	\$2,560,156	\$0.00	0.00%
79386	Shelby	Amedisys Tennessee, LLC	\$5,994,682	\$0	0.00%
79256	Shelby	Americare Home Health Agency, Inc	\$4,597,317	\$82,434	1.79%
79276	Shelby	Baptist Trinity Home Care	\$8,819,896	\$0	\$0.00
79446	Shelby	Baptist Trinity Home Care- Private Pay	\$105,992	\$0	\$0.00
79546	Shelby	Best Nurses, Inc	\$587,773	\$34,944	5.95%
79556	Shelby	Coram/CVS Specialty Infusion Service	\$44,285	\$0	\$0.00
79206	Shelby	Family Home Health Agency	\$2,429,693	\$708,945	29.18%
79496	Shelby	Functional Independence Home Care, Inc.	\$16,088,606	\$12,524,168	77.84%
0	Shelby	Hemophilia Preferred Care of Memphis	Pharmacy		
79486	Shelby	Home Health Care of West TN	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	\$9,939,690.00	\$3,110,466	31.29%
79226	Shelby	Intrepid USA Healthcare Services	\$2,631,668	\$0	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	\$12,648,142	\$11,875,369	93.89%
79106	Shelby	Meritan, Inc	\$2,517,728	\$361,846	14.37%
79316	Shelby	Methodist Alliance Home Care	\$7,676,244	\$92,400	1.20%
79506	Shelby	No Place Like Home	\$14,336,680	\$13,511,680	94.25%
79136	Shelby	Quality Home Health =Extended	\$4,946,049	\$3,748,824	75.79%
79526	Shelby	Still Waters Home Health	\$410,000	\$0	0.00%
79236	Shelby	Willowbrook Visiting Nurses	\$1,473,079	\$0	0.00%
		<b>Totals</b>	<b>\$157,417,744</b>	<b>\$78,748,143</b>	<b>50.00%</b>

Source: TDH 2015 Joint Annual Reports/ Registry of Authorized Counties

Source: TDH 2015 Department of Statistical Data

QUESTIONS**C.1.a. - NEED****Table: 6****Agencies That Have Private Duty Pediatric Care and Have TennCare Payor Mix**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839.00	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		<b>Totals</b>			<b>5,150</b>	<b>491</b>	<b>\$100,637,865</b>	<b>\$73,531,691</b>	<b>73.00%</b>

*Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties**Source: TDH – 2015 Statistical Data*

QUESTIONS**C.1.a. – NEED**

a.6. The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.

(1).The average cost per visit by service category shall be listed.

Primarily, Premier shall provide private duty hourly services. The services will be provided by skilled nurses and aides. Only seven of the 28 agencies authorize to serve the proposed service area provided

private duty nursing in 2015. The table below shall illustrate the cost and charges for skilled nursing and aide services compared to Premier's projections for its proposed project. "N/R" shall indicate that no data was reported in the JAR report.

**Table: 7 Cost & Charge Comparisons with Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016-2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

*Source: 2015 Joint Annual Reports; and Premier management*

• **Key to Agencies**

1. Elk Valley Health Services – Davidson; ID 19494
2. Where The Heart Is - Fayette; ID 24036
3. Functional Independence – Shelby; ID79496
4. Home Health Care of West Tennessee, Inc. – Shelby; ID79486
5. Homechoice Health Services – Shelby; ID 793676
6. Maxim Health Care Service – Shelby; ID 79536
7. No Place Like Home – Shelby; ID 79506

QUESTIONS**C.1. a.- NEED**

- (2). The average cost per patient based upon the projected number of visits per patient shall be listed.

The proposed agency will deliver private duty hourly care of skilled nurses and home health aides. This proposed agency will provide a small number of visits. The following table illustrates the estimate of the small number of visits Premier will deliver in Year One.

**Table: 8                      Cost Per Visit and Per Patient**

	<b>Year One - 2017</b>	<b>Year Two - 2018</b>
Patients	16	<b>25</b>
Total Visits	1,120	1,750
Skilled Nursing Visits (80%)	896	1,400
Cost per Skilled Nursing Visit	\$47.00	\$47.00
Total Cost, Skilled Nursing Visits	\$42,112.00	\$65,800
Home Health Aide Visits (20%)	224	350
Cost Per HH Aide Visit	\$17.00	\$17.00
Total Cost, HH Aide Visits	\$3,808.00	\$5,950.00
Total Cost Skilled Nursing + HHAide	\$45,920.00	\$71,750.00
Total Cost Per Patient	\$2,870.00	\$2,870.00

QUESTIONS**C. (1).a. - NEED**

**The Framework for Tennessee's Comprehensive State  
Health Plan  
Five Principles for Achieving Better Health**

**The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.**

**1. Health Lives**

**The purpose of the State Health Plan is to improve the health of Tennesseans. Every person's health is the result of the interactions of individual behaviors, society, the environment, economic factors and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.**

This project will provide a continuum of skilled care to both pediatrics and adult patients which will help to avoid patient's deterioration, and/or re-hospitalization. This project will promote timely care which may prevent lengthy hospital stays. This project will also provide another option of skilled care for patients with complex medical conditions who may have experienced untimely care or lack of care.

**2. Access to Care**

**Every citizen should have reasonable access to health care.**

**Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.**

Premier's availability in the proposed service area will improve patient's accessibility to specialized home care. Although the projections of need for this project for CON purposes a surplus, the perceptions of local skilled nurses and other professionals who are aware of patient access issues on a daily basis should be given great consideration.

**3. Economic Efficiencies**

**The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. The State Health Plan should work to identify opportunities to improve the efficiency of the efficiency of the state's health care system and to encourage innovation and competition.**

This project will provide a new option and expanded access of skilled care for TennCare patients and pediatric patients with complex medical conditions. This is an opportunity for the State Health Plan to welcome competition. There are insufficient choices in the proposed project area. Few agencies in the proposed area in West Tennessee offer skilled private duty hourly care. And only a few of the authorized agencies in the proposed service area have TennCare as a payor source. In a service area like West Tennessee the area children's hospitals should have more sufficient choices of care providers for their patients upon discharge.

QUESTIONS**C.(1). - NEED****4. Quality of Care**

Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. Health Care providers are held to certain professional standards by the state's license system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.

Premier Health Care Agency is license in Personal Support Services. Premier Health Care shall be licensed with home health licensure and accredited. Premier has implemented a quality assurance program as well as an excellent training program for its home health aides and nurses.

Premier's mission of providing excellent quality care is improved continuously through our "Care First" program. The "Care First" Program provides guidelines which help to measure the improvement of staff performance, organizational performance, patient's safety and satisfaction. This program also monitors Missed Visit Reports and Incident Reports which are review by quality assurance. All missed visits reports and incident reports are used to implement an "Improvement Plan". Missed Visits is a means to identify actual and potential scheduling and communication issues that must be eliminated to improve patient's quality of timely services. Incident reports is a means to identify safety issues that may be actual or potential which must be eliminated to improve the patient's quality of care services. All incidents are reviewed by our "quality assurance team". Upon review appropriate recommendations are made to ensure the reduction of risks to the patients. The "quality assurance team" develops a "plan of action" for all incidents reported and monitors the effectiveness of the purposed plan of action.

**5. Health Care workforce**

The state should support the development, recruitment, and retention of a sufficient and quality workforce. The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs and funding.

Premier shall have a comprehensive training program through which skilled nurses can obtain training to care for complex patients. For example those who are ventilated. The nurses will train with more experienced nurses and respiratory therapists. The training consists of care for ventilated patients, tracheotomy, and training on ventilator equipment. Following the training, such nurses shall go into the field under supervision of a nurse who is experienced and qualified to provide care to ventilated patients. After the nurses exhibit the confidence and ability to work independently, they are allowed to go into the field without nursing supervision.

**C.1.b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)**

Not Applicable. This project does not include a Change of Site

QUESTIONSNEED - I**C (I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMNT PLANS, IF ANY.**

This project is Premier's long-range plan to provide services to the proposed 5 counties (Fayette, Haywood, Madison, Shelby and Tipton) in West Tennessee.

**C.(I).3 IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLNESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).**

The proposed service area includes 5 counties in West Tennessee. Many agencies in the proposed service area do not provide private duty hourly care to TennCare patients and pediatric patients. Premier will primarily provide private duty skilled nursing services to TennCare patients and pediatric patients.

All parts of the proposed service area are within a reasonable drive time of the principal office located in Bartlett, TN. The table in question B.II.B.1 illustrates the drive time table. Premier staff will more than likely reside throughout the service are; therefore service staff will be more quickly assessable to patient's homes than the dive times to the principle office may indicate.

The table below shall illustrate Premier's projected patient volume based upon the populations of the five proposed counties.

**Table: 9 Projected Patient Volume Per County – Premier Health Care**

County	Percent of Total	Year One Patients	Year Two Patients
Fayette	18.75%	3	4
Haywood	6.25%	1	2
Madison	25.00%	4	5
Shelby	37.50%	6	11
Tipton	12.50%	2	3
<i>Total All Counties</i>	100.00%	16	25

*Source: TDH population projections 2015.*



**C.I.3**

*Proposed Service Area Map*

*Fayette, Haywood, Madison, Shelby and Tipton Counties*



**QUESTIONS: NEED- (I)****C(I).4.A. DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.**

The table following this page provides the demographic characteristics of the service area.

**Table: 10 - 'Demographic Characteristics of Project Service Area  
Premier Health  
2015-2019**

Demographic	Fayette County	Haywood County	Madison County	Shelby County	Tipton County	State Of Tennessee
Population Base 2010	38,413	18,787	98,294	927,640	61,081	6,346,105
Total Population 2015	43,631	18,477	102,429	953,899	66,234	6,735,706
Total Projected Population 2019	47,573	18,198	105,581	975,626	70,220	7,035,572
% Population change 2015-2019	17.7%	.96%	7.5%	3.8%	11.89%	6.1%
% population change 2010-2015	2.0	-4.1\$	-.7%	1.1%	1.3%	3.8%
Age 65+ Population-2015	18.7%	16.1%	15.3%	11.8%	13.1%	15.6%
Age 65+ Population 2010	14.9%	13.7%	13.2%	10.3%	11.1%	4.0%
Age 65+ Population 2019	22.0%	19.14%	17.29%	13.3%	14.9%	17.3%
Age 18-64 Population 2015	59.3%	59.6%	60.6%	62.3%	61.4%	61.2%
Age 18-64 Population 2010						
Age 18-64 Population-2019	57%	57.67%	58.90%	60.9%	60.7%	60%
Age 0-17 population 2015	21.9%	24.1%	24.05%	25.8%	25.4%	23.1%
Age 0-17 Population 2010	23.1%	25.655	24.0%	26.4%	27.2%	5.96%
Age 0-17 population-2019	20.9%	23.18%	23.8%	25.7%	24.3%	22.8%
Median Income	\$55,623	\$33,922	\$42,069	\$46,213	\$42,069	\$44,621
Persons Below Poverty Rate	14.5%	23.7%	20.1%	21.3%	13.1%	17.8%
% of Population w TennCare - 2015	16%	32%	25%	27%	21%	22.5%
% of Children Below Poverty Rate	22.1%	32.1%	31.1%	32.5%	16.7%	25.7%
% of 65+ Below Poverty Rate	10.2%	17.7%	9.5%	11%	8.8%	10.0%

Source: The University of TN Center for Business and Economic Research Population Data Files, Reassembled by TDH, Division of Policy, Planning and Assessment.

NOTE: These data will not match the University of Tennessee Data exactly due to rounding (By TDH Division of Policy, Planning and Assessment)

Source: US Census Bureau April 1, 2010 - July 1, 2015

Source: Joint Annual Report of Home Health Agencies - 2014 Final\*

American Fact Finder 2010- 2015 TennCare Enrollment Report - 2015

**QUESTIONS – NEED (I)**

**C(I).4.B DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENTS HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.**

Premier has an outstanding record of accessibility to low-income TennCare patients. It has served TennCare patients off all types through the TennCare CHOICES program. Premier does not discriminate against patient's based on race, financial status, insurance source, gender, or ethnicity. However; concerning this project, Premier will not offer "home health" services to Medicare-age patients, who may have many other options to choose from for home health services in this service area.

**C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON's, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND IT'S UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND APPROPRIATE MEASURES, E., G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.**

The following Data Tables illustrate data on the utilization of the twenty eight agencies approved for this service area from 2013-2015. They provide three years of data (including most recent year) regarding these agencies TennCare utilization, pediatric utilization, hours and visits by discipline

Table: 11 below lists each of the twenty eight agencies licensed to serve this area, their health statistic ID, the agency county, agency name, total counties served, and total counties served in project's service area.

Table: 12 below lists each of the agencies utilization in the service area for each of the most recent three years.

Table: 13 below illustrates Existing Agency Patients by Service Area Counties; and Dependence on Service Area and on Pediatric Patients

Table: 14 below illustrates Existing Agency Patients and Agency Pediatric Services and Dependence

Table: 15 below illustrates Existing Agency Patients and Agency Pediatric Services and Dependence

Table: 16 (a) below illustrates Premier's Projected Utilization Year One (2017) Patients

Table: 16 (b) below illustrates Premier's Projected Utilization Year Two (2018) Patients

Table: 17 (a) below illustrates Projected Utilization by Discipline in Year One - 2017

Table 17 (b) below illustrates Projected Utilization by Discipline in Year Two - 2018

Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One

Table 18(b): Premier Projected Payor Mix on Gross Revenue (Billing) Year Two

**QUESTIONS: NEED C(I).5****Table: 11 Existing Agencies, Total Counties Served, Counties Served in Project's Service Area**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area
19494	Davidson	Elk Valley	74	5
19544	Davidson	Home Care Solutions Inc.	38	1
24026	Fayette	NHC HomeCare	8	5
24036	Fayette	Where the Heart Is	3	3
57095	Madison	Extencicare Home Health of West Tennessee	21	5
79456	Shelby	Accredo Health Group, Inc.	6	4
79466	Shelby	Alere Women's and Children's	7	5
79146	Shelby	Amedisys Home Care	3	3
79246	Shelby	Amedisys Home Health Care	3	3
79386	Shelby	Amedisys Tennessee, LLC	5	4
79256	Shelby	Americare Home Health	2	2
79276	Shelby	Baptist Trinity Home Care	3	3
79446	Shelby	Baptist Trinity Home Care- Priv	1	1
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1
79556	Shelby	Coram/CVS Specialty Infusion	25	5
79206	Shelby	Family Home Health Agency	1	1
79496	Shelby	Functional Independence Home	3	3
0	Shelby	Hemophilia Preferred Care	Pharmacy	
79486	Shelby	Home Health Care of West TN	4	3
79379	Shelby	HomeChoice Health Services	6	4
79226	Shelby	Intrepid USA Healthcare Services	1	1
79536	Shelby	Maxim Healthcare Services, Inc	6	5
79106	Shelby	Meritan, Inc	1	1
79316	Shelby	Methodist Alliance Home Care	3	3
79506	Shelby	No Place Like Home	3	3
79136	Shelby	Quality Home Health =Extended	3	3
79526	Shelby	Still Waters Home Health	1	1
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4
		<b>Number of Home Health Agencies</b>	<b>28</b>	

Source: TDH Joint Annual Report – 2015

# QUESTIONS: NEED C.(I).5

**Table: 12 Total State Wide Utilization of Agencies in Service Area in 2013, 2014 and 2015 Alphabetically by Agency**

Health Statistics ID	Agency County	Agency Name	2013 Patients	Pediatric 0-17	Patients 65+	2013 Visits	2013 Hr	2014 Pts.	Peds. 0-17	Patients 65+	2014 Visits	2014 Hr	2015 Patients	Pediatric 0-17yrs	Patients 65+	2015 Visits	2015 Hours
19494	Davidson	Eik Valley	277	141	23	9,222	729,065	293	150	31	35,655	0	457	195	100	112,411	945,276
19544	Davidson	Home Care Solutions Inc.	1,930	0	1,563	88,519	0	1,689	0	1,383	75,462	0	2,998	161	1,899	42,113	521,678
24026	Fayette	NHC HomeCare	226	0	155	8,535	0	301	0	222	9,534	0	421	1	335	12,036	0
24036	Fayette	Where the Heart Is	116	18	92	3,487	110,724	104	0	102	17,020	29,087	1,044	99	202	19,188	280
57095	Madison	Extendicare Home Health of West TN	2,741	0	2299	93,572	0	832	1	683	25,375	0	1,196	0	1,029	34,797	505
79456	Shelby	Accredo Health Group, Inc.	12	5	1	0	12	21	9	3	N/R	N/R	23	8	5	N/R	N/R
79466	Shelby	Alere Women's and Children's	373	4	369	3214	4821	335	1	0	3,037	4,556	438	1	0	3,641	5,461
79146	Shelby	Amedisys Home Care	1060	0	956	26,138	0	1,069	0	949	24,200	0	948	0	864	20,028	0
79246	Shelby	Amedisys Home Health Care	936	0	782	19,461	0	837	0	699	16,071	0	737	0	614	16,044	0
79386	Shelby	Amedisys Tennessee, LLC	1934	0	1,653	47,620	0	1,856	0	1532	40,681	0	554	0	481	11,879	0
79256	Shelby	Americare Home Health	1,336	10	1,110	75,127	0	1,295	6	566	47,737	0	828	0	646	31,431	0
79276	Shelby	Baptist Trinity Home Care	3,862	0	2,604	46,775	0	3,236	1	2,209	46,051	0	3,169	0	2,247	47,274	0
79446	Shelby	Baptist Trinity Home Care- Priv	1	0	0	0	4,466	1	0	0	167	0	1	0	0	86	0
79546	Shelby	Best Nurses, Inc *(Inactive)	364	0	284	24,540	4,420	176	1	133	9,251	21,279	9	1	6	219	29,900
79556	Shelby	Coram/CVS Specialty Infusion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	0	1	8	11
79206	Shelby	Family Home Health Agency	379	5	368	23,705	0	428	3	408	21,529	0	504	3	458	23,182	0
79496	Shelby	Functional Independence	953	77	288	32,077	0	1,494	194	546	40,666	0	1,915	169	636	9,838	320,720
0	Shelby	Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
79486	Shelby	Home Health Care of West TN	1,010	43	576	33,710	292,871	754	19	492	19,002	299,766	577	9	411	17,042	340,010
79379	Shelby	HomeChoice Health Services	12	5	7	0	12	2322	21	1628	72,135	108,251	1525	5	1,159	67,844	52,149
79226	Shelby	Intrepid USA Healthcare	605	0	472	18,375	0	522	0	385	17,166	0	565	0	412	17,934	0
79536	Shelby	Maxim Healthcare	155	80	17	805	237,411	173	99	13	3,791	285,972	275	123	32	651	375,306
79106	Shelby	Meritan, Inc	609	0	568	16,870	10,160	632	0	552	20,329	0	652	0	611	14,436	2,498
79316	Shelby	Methodist Alliance Home Care	244	15	113	38,961	0	3,149	155	1954	40,299	0	3,178	140	1948	36,210	0
79506	Shelby	No Place Like Home	58	48	0	0	0	281,830	74	0	0	295,930	80	75	0	0	471,548
79136	Shelby	Quality Home Health =Extended	79	0	54	1,745	0	204	17	68	6,056	0	291	36	69	19,310	0
79526	Shelby	Still Waters Home Health	101	0	72	4,012	0	71	0	64	2,660	0	58	0	39	2,614	0
79236	Shelby	Willowbrook	479	0	422	9,688	0	499	0	412	10,882	0	561	0	459	10,808	0

Source TDH Joint Annual Reports – 2013, 2014, 2015: Pages 8-10

QUESTIONS: C.(I).5**Table: 13 Existing Agency Patients By Service Area Counties; and Dependence on Service Area and on Pediatric Patients**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Merian, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health -Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source TDH – Joint Annual Reports Pg 10

**QUESTIONS: C.(1).5****Table:14 Existing Agency Patients and Agency Pediatric Services and Dependence**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total Patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extencicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
					<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>



**QUESTIONS: C.(I).5**

The following table illustrates the pediatric utilization of the twenty- eight existing agencies licensed to serve this area in terms of the total number of counties they serve in Tennessee, the number of counties in this proposed area they serve, the agencies total number of pediatric patients they serve as a percentage of the total patients in the state.

**Table: 15 Existing Agency Patients and Agency Pediatric Services and Dependence**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

**QUESTIONS: NEED C.(I).6****Table: 16 (a) Premier Projected Utilization  
Year One (2017)**

<b>Patients</b>				
County	Private Duty	Year One Patients	Visits	Hours
Fayette	18.75%	3	210	2,520
Haywood	6.25%	1	70	840
Madison	25.00%	4	280	3,360
Shelby	37.50%	6	420	5,040
Tipton	12.50%	2	140	1,680
<i>Total All Counties</i>	100.00%	16	1,120	13,440

*Source: Patients, Visits, Hours from Premier Management***Table: 16 (b) Premier Projected Utilization  
Year Two (2018)**

<b>Patients</b>				
County	Percent of Total	Year Two Patients	Visits	Hours
Fayette	18.75%	4	280	3,360
Haywood	6.25%	2	140	1,680
Madison	25.00%	5	350	4,200
Shelby	37.50%	11	770	9,240
Tipton	12.50%	3	210	2,520
<i>Total All Counties</i>	100.00%	25	1,750	21,000

*Visits, and hours allocated to patients in proportion to population*

**QUESTIONS: C.(I).6****Table: 17 (a)****Premier Projected Utilization by Discipline**

<b>Year One 2017</b>				
Discipline	Staff	Visits	Hours	
Skilled Nursing	8	896	10,752	
Aides	15	224	2,688	
<b>Total</b>	<b>23</b>	<b>1,120</b>	<b>13,440</b>	

**Table 17 (b)**

<b>Year Two 2018</b>				
Discipline	Staff	Visits	Hours	
Skilled Nursing	10	1400	16,800	
Aides	20	350	4,200	
<b>Total</b>	<b>30</b>	<b>1,750</b>	<b>21,000</b>	

**Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One**

	Medicare	%	TennCare/ Medicaid	%	Commercial	%	Self Pay	%	Other	%	Total (100%)
Patients	0	0.00%	16	100%					0	0.00%	100.00%
Visits	0	0.00%	1120	100%				0.00%	0	0.00%	100%
Hours	0	0	13400	100%					0	0.00%	100%
Gross Revenue Per Visit	\$0.00	0	\$77,728								
Gross Rev/Hr	\$0.00	0	\$467,712								
Gross Rev/Patient	\$0.00	0	\$34,090								

*Source: Premier Management***Table 18(b): Premier Projected Payor Mix on Gross Revenue (Billing) Year Two**

	Medicare	%	TennCare/ Medicaid	%	Self Pay	%	Commercial	%	Other	%	Total (100%)
Patients	0	0.00%	23	92.00%			2	8.00%			100.00%
Visits	0	0.00%	1575	90%			175	10%			
Hours	0	0	18900	90%			2,100	10%			
Gross Revenue Per Visit	\$0.00	\$0.00	\$109,305	90%			\$12,145	10%			
Gross Rev/Hr	\$0.00	\$0.00	\$657,720	90%			\$73,080	10%			
Gross Rev/Patient	\$0.00	\$0.00	\$33,348.90				\$42,612	10%			

*Source: Premier management*

*Note: TennCare and the VA Medical Centers require its providers to maintain a Medicare provider number. Premier will be a private duty company. We are committing not to compete with other home health agencies for Medicare patients.*

QUESTIONS: ECONOMIC FEASIBILITY – C.(II)

**C.(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.**

• **ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$15,000 CON LINE F (Minimum CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.**

• **THE COST OF ANY LEASE (BUILDING, LAND, AND /OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENT OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE “PER CLICK” ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A “PER Click” ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE “PER CLICK” RATE AND THE TERM OF THE LEASE.**

• **THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.**

• **FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.**

Line B.2 Represents the fair market value of the facility being leased, which is the larger of the two alternative calculations and was used in the Project Cost Chart.

Lease Outlay Method:

3.0 years lease term – \$25,870

Pro Rata Building Value Method:

\$350,000 appraised value of building X 10% Office space (550 SF) = \$35,000 pro rata value of the office space leased.

## PROJECT COSTS CHART

A. Construction and equipment acquired by purchase:		
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	_____
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Construction Costs	_____
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000)	_____
9.	Other (Specify) _____	_____
B. Acquisition by gift, donation, or lease:		
1.	Facility (Inclusive of building and land)	_____
2.	Building only	35,000
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C. Financing Costs and Fees:		
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	_____
E.	CON Filing Fee	15,000.00
F.	Total Estimated Project Cost (D+E)	_____
TOTAL		\$50,000

**C(II).2. IDENTIFY THE FUNDING SOURCE FOR THIS PROJECT. (ATTACHMENT)**

**PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY-2).**

☐ **A. COMMERCIAL loan**—Letter from lending institution or guarantor stating favorable initial contract, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions:

☐ **B. Tax-exempt bonds**—Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance

☐ **C. General obligation bonds**—Copy of resolution from issuing authority or minutes from the appropriate meetings.

☐ **D. Grants**—Notification of the intent form for grant application or notice of grant award; or

☒ **E. Cash Reserves**—Appropriate documentation from Chief Financial Officer

☐ **F. Other**—Identify and document funding from all other sources

All of the actual capital costs for this project (estimated \$50,000) will be funded/financed by the applicant, Premier Health Care, LLC. Documentation of financing is provided in attachment C, economic feasibility-2, in the form of a funding assurance letter from Catondria Brown, CFO of the company.

**C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COST. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.**

The proposed project cost is \$50,000, which includes the fair market value of office space (\$35,000) for which the company is presently leasing. The remaining balance of the total cost is the cost of filing the application. There are no equipment costs associated with this project. Also, there are no construction costs or renovation costs for this project which makes this project cost reasonable.

**C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES—DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).**

This project proposes to establish a new licensed health care provider. However; the applicant has been licensed as a Personal Support Services Agency for over eight years and has entered historical data for its services for the past 3 years.

The applicants Historical Data Chart follows this page.

The applicants Projected Data Chart follows this page.

**October 14, 2016**

**10:46 am**

	Year 2013	Year 2014	Year 2015
A. Utilization Data (Specify unit of measure)			
Quantity of Patients	13	15	16
B. Revenue from Services to Patients			
1. Inpatient Services			
2. Outpatient Services	\$325,700	\$346,000	\$370,000
3. Emergency Services			
4. Other Operating Revenue (Specify)			
<b>Gross Operating Revenue</b>	<b>\$325,700</b>	<b>\$346,000</b>	<b>\$370,000</b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments			
2. Provisions for Charity Care			
3. Provisions for Bad Debt			\$1,500
<b>Total Deductions</b>	<b>\$325,700</b>	<b>\$346,000</b>	<b>\$368,500</b>
<b>NET OPERATING REVENUE</b>			
D. Operating Expenses			
1. Salaries and Wages	\$78,200	\$81,700	\$87,200
2. Physician's Salaries and Wages			
3. Supplies	\$6,200	\$7,100	\$8,000
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516	\$9,516
5. Taxes	\$9,632	\$9,673	\$9,721
6. License Fee	\$1,080	\$1,080	\$1,080
7. Advertising			\$5,500
8. Furniture and Equipment			\$3,900
9. Rent	\$8,400	\$8,400	\$8,400
10. Telephone, Internet and Mobile phones	\$4,500	\$4,500	\$4,500
11. Healthcare Fair, Testing, Classes	\$3,000	\$3,000	\$3,000
12. <b>Vehicle Maintenance and Mileage</b>	<b>\$6,700</b>	<b>\$6,700</b>	<b>\$6,000</b>
13. Management Fees			
a. Fees to Affiliates Administrative Overhead			
b. Fees to Non-Affiliates			
14. Professional Fees	\$3,000	\$3,000	\$3,000
15. Other Expenses (Specify) RN's and Health Aides Wages	\$106,316	\$135,692	\$135,692
<b>TOTAL OPERATING EXPENSES</b>	<b>\$236,544</b>	<b>\$270,361</b>	<b>\$285,509</b>
E. Other Revenue (Expenses) – Net (Specify)			
<b>NET OPERATING INCOME (LOSS)</b>			
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest			
<b>TOTAL CAPITAL EXPENDITURES</b>			
<b>NET OPERATING INCOME (LOSS)</b>			
<b>LESS CAPITAL EXPENDITURES</b>	<b>\$89,156</b>	<b>\$75,639</b>	<b>\$82,991</b>



October 14, 2016

10:46 am

	Year 2017	Year 2018
A. Utilization Data (Specify unit of measure)	13,440 Hrs/ 1120 Visits	21,000 Hrs/ 1750 Visits
Quantity of Patients	16	25
B. Revenue from Services to Patients		
1. Inpatient Services		
2. Outpatient Services	\$ 467,712/ \$77,728	\$730,800/ \$121,450
3. Emergency Services		
4. Other Operating Revenue (Specify)		
Gross Operating Revenue	\$545,440	\$852,250
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments		
2. Provisions for Charity Care		
3. Provisions for Bad Debt	\$3,000	\$3,000
Total Deductions	\$3,000	\$3,000
NET OPERATING REVENUE	\$542,440	\$849,250
D. Operating Expenses		
1. Salaries and Wages	\$431,288	\$624,350
2. Physician's Salaries and Wages		
3. Supplies	\$4,200	\$7,500
4. Liability and Workman Compensation Insurance	\$9,516	\$9,516
5. Billing Software	\$2,500	
6. Taxes	\$19,442	\$22,682
7. License Fee	\$1,080	\$1,080
8. Joint Accreditation (per 3 years)	\$9,000	
9. Depreciation (Computers, office equipment, and furniture)	\$7,500	\$7,500
10. Rent	\$8,820	\$9,000
11. Telephone, Internet and Mobile phones	\$4,500	\$4,500
12. Healthcare Fair, Testing, Classes	\$3,000	\$3,000
13. Interest other than Capital		
14. Management Fees		
a. Fees to Affiliates Administrative Overhead	\$70,000	\$70,000
b. Fees to Non-Affiliates		
15. Other Expenses (Specify) Vehicle Maintenance and Mileage	\$6,700	\$6,700
TOTAL OPERATING EXPENSES	\$577,546	\$765,828
E. Other Revenue (Expenses) - Net (Specify)		
NET OPERATING INCOME (LOSS)		
F. Capital Expenditures		
1. Retirement of Principal		
2. Interest		
TOTAL CAPITAL EXPENDITURES		
NET OPERATING INCOME (LOSS)	(\$-35,106)	\$83,422
LESS CAPITAL EXPENDITURES		

**C(II).5. PLEASE IDENTIFY THE PROJECTS AVERAGE GROSS CHARGE. DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE**

Please see Table 19 Below

**Table: 19 Average Charges, Deductions, and Net Charges**

	CY 2017	CY 2018
Hours	13,440	21,000
Average Total Agency Gross Revenue, Per Hour	\$40.58	\$40.58
Average Total Agency Deduction, Per Hour	\$0.50	\$0.50
Average Total Net Charge (Net Operating Revenue), Per Hour	\$40.08	\$40.08
Average Total Agency Net Operating Income After Capital Expenditure, Per Hour	\$6.11	\$9.16

## C.(II).6

A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to the current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREA, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Premier's projected gross charge for this project is comparable to the average gross charges for similar projects approved by the Agency. The chart below illustrates the costs and charges reported by other agencies that provide private duty care. The data is from the 2015 Joint Annual Report. The N/R denotes information that was not reported.

**Table: 20: Cost & Charge Comparisons with Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016- 2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

Source: 2015 Joint Annual Reports; and Premier management

• Key to Agencies

8. Elk Valley Health Services – Davidson; ID 19494
9. Where The Heart Is - Fayette; ID 24036
10. Functional Independence – Shelby; ID79496
11. Home Health Care of West Tennessee, Inc. – Shelby; ID79486
12. Homechoice Health Services – Shelby; ID 793676
13. Maxim Health Care Service – Shelby; ID 79536
14. No Place Like Home – Shelby; ID 79506

**C.(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.**

In the first and subsequent years, case volumes are expected to allow Premier to operate with a positive margin.

**C.(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.**

In the first year, Premier will operate with a positive margin although the positive margin will not be as significant as in the subsequent years due to the expected overhead of staffing before significant caseloads have been referred. In its second and subsequent years, the agency will operate with a positive margin based on the applicants experience with staffing an obtaining a significant referral base.

Premier Health Care's Personal Support Services Agency currently operates with a positive financial margin. The proposed agency is expected to have a small caseload, based on the area's population. Premier Health Care has operating reserves sufficient to carry this agency through its start-up period.

**C.(II).9. DISCUSS THE PROJECTS PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DISCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF THE REVENUE AND PERCENTAGE OF THE TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE OR THER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.**

The project will serve TennCare/Medicaid patients. Its Medicare patients will be an estimated one single patient with commercial insurance in order to obtain a Medicare provider number which is a requirement for a home health agency to participate in the TennCare program. No actual net revenue will be obtained from Medicare. The single Medicare patient will be one with commercial insurance which will be the primary payor source.

Table 21: Medicare and TennCare/Medicaid Revenues, Year One

	Medicare	TennCare/Medicaid
Gross Revenue	\$0	\$545,440
Percent of Gross Revenue	0.0%	100%

Source: Table 18(b) Above

In year two, this new agency will serve twenty five (25) patients. Therefore; charity patients will not be financially feasible for this small agency. Private duty agencies can prove costly. There is no advance indications of the extent of loss which may occur.

**C.(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY --10.**

These are provided as Attachment C, Economic Feasibility---10.

**C(II).11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:**

**A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.**

**B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS, IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM PRACTICABLE.**

The applicant has no other way to provide health services in Tennessee or to meet area needs in the projected counties in West Tennessee, or meet the needs of health professionals and the Muscular Dystrophy Association than to pursue this application. It has considered purchasing an existing agency but none that serve all five of the proposed counties in the area are known to be available.

This project will use only leased space.

#### **CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE: C.III**

**C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.**

The applicant does not have written transfer agreements. The home health patient is at home and not in an institution and is not subject to transfer by the home health agency. Premier's staff is trained in emergency responsiveness and proper procedures. They are equipped with contact numbers for emergency response teams. Patients and their families are trained by staff on emergency preparedness. Premier maintains communication with hospitals and nursing homes who may need to transfer patients into a home care setting.

**QUESTIONS: C(III).2. – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

**Table: 6**  
**Agencies That Have Private Duty and Private Duty Pediatric Care and Have TennCare Payor Mix**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839.00	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		<b>Totals</b>			<b>5,150</b>	<b>486</b>	<b>\$100,637,865</b>	<b>\$73,531,691</b>	<b>73.00%</b>

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH – 2015 Statistical Data

**QUESTIONS: C(III).2. – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

**Table: 15 Existing Agency Patients and Agency Pediatric Services and Dependence**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Aceredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care Pharmacy							
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH – 2015 Statistical Data

**QUESTIONS: C (III).3 – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

**C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE's FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.**

Please see the following Table: 22 which shows projected salary wages for entry level, median, and experienced levels. The Department of Labor and Workforce Development website indicated the following annual salary information for clinical employees which are the type for this project.

**Table: 22 TDOL Average Salaries for the Region**

Position	Entry Level	Medium	Experienced
RN	\$40,392	\$52,500	\$64,608
LPN	\$28,716	\$37,320	\$45,924
HH Aide	\$17,628	\$22,908	\$28,188

*Source: Tennessee Department of Labor and Workforce Development Occupational Classification Compensation Alpha Numeric Plan – June 1, 2016*

Please see the following Table: 23 which shows Premier's projected staffing

**Table: 23 Premier Health Care's Projected Staffing**

Position Type	Year One FTE's	Year Two FTE's	Annual Salary Range
Office Positions, Management and Clinical			
Administrative Officer	1.0	1.0	\$70,000-\$75,000
RN Supervisor	1.0	1.0	\$36,000-\$38,000
Recruiter	1.0	1.0	\$17,000-\$17,500
Staff Coordinator	1.0	1.0	\$17,000-\$17,500
Payroll Clerk	1.0	1.0	\$17,000-\$17,500
<b>Subtotal, Office FTE's</b>	<b>5.0</b>	<b>5.0</b>	
<b>Clinical Positions in Field</b>			
Registered Nurse	6	8	\$40,000-\$45,000
Licensed Practical Nurse	2	4	\$28,700-\$29,000
Home Health Aide	15	20	\$17,600-\$18,000
<b>Subtotal Field FTE's</b>	<b>23</b>	<b>32</b>	

*Source: Premier Health Care Management*



**C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.**

Premier has been able to staff its personal support services agency and is confident of its ability to do the same in this proposed new service area. Premier is aware of State Agency requirements for staffing and operating home health agencies.

**C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF, THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.**

The applicant has reviewed and so verifies.

**C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTIONS PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).**

None.

**C(III).7(a). PLEASE VERIFY AS APPLICABLE, THAT THE APPLICANT HAS REVIEWD AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.**

The applicant verifies.

**C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION.**

LICENSURE: Board for Licensure of Healthcare Facilities  
Tennessee Department of Health

CERTIFICATION: Medicare Certification from CMS  
TennCare Certification from TDH

ACCREDITATION: Accreditation Commission for Health Care

**C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.**

This is a new home health agency.

**C(III).7(d). For existing license providers document all deficiencies (if any) cited in the last licensure certification and inspection have been addresses through an approved plan or correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.**

**QUESTIONS: C(III) – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

**C.(III).8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSES ARE CURRENTLY HELD.**

None.

**C(III).9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGEMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.**

None.

**C(III).10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.**

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

### PROOF OF PUBLICATION

**Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline in tact or submit a publication affidavit from the newspaper as proof of the publication of The Letter of Intent.**

See Attachment

### DEVELOPMENT SCHEDULE

**Tennessee Code Annotated 68-11-1609© provided that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects from the date of its issuance and after such time shall expire; provided, that the Agency may, and granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.**

**The Commercial Appeal  
Affidavit of Publication**

**STATE OF TENNESSEE  
COUNTY OF SHELBY**

Personally appeared before me, Patrick Maddox, a Notary Public, Marianne Sheridan, of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law, that she is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached advertisement was published in the following editions of The Commercial Appeal, to-wit:

**August 5, 2016**

*Marianne Sheridan*

Subscribed and sworn to before me this 5<sup>th</sup> day of August, 2016.

*Patrick Maddox*

Notary Public

My commission expires January 20, 2020.



In accordance with Title 4, Chapter 29, Tennessee Code Annotated, the Government Operations Committees of the Tennessee General Assembly will conduct a public hearing to receive testimony on whether the entities listed below should be continued, restructured, or terminated. The hearings will be held in the Legislative Plaza, Nashville, Tennessee, as indicated below. Pertinent public testimony is invited.

Wednesday, August 17, 2016 at 9:00 a.m., in Room 12

- Board of Chiropractic Examiners
- Board of Communication Disorders and Sciences
- Board of Dentistry
- Board of Examiners in Psychology
- Board of Medical Examiners Committee on Physician Assistants
- Board of Optometry
- Board of Podiatric Medical Examiners
- Board of Veterinary Medical Examiners
- Department of Mental Health and Substance Abuse Services
- Statewide Planning & Policy Council for the Department of Mental Health & Substance Abuse Services

Any changes in the above schedule which may become necessary will be announced at the Government Operations Committees' website at [www.capitol.tn.gov/joint/committees/gov-oppss/](http://www.capitol.tn.gov/joint/committees/gov-oppss/). For additional information or to request special accommodations for individuals with disabilities, contact: Joe Schussler, CPA, Assistant Director, Division of State Audit, Nashville, Tennessee; telephone: (615) 747-5303; e-mail: [Joe.Schussler@cot.tn.gov](mailto:Joe.Schussler@cot.tn.gov). Request for special accommodations should be made at least 24 hours prior to the meeting whenever possible.

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with the T. C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Premier Health Care, LLC, owned by Catondria Brown, with an ownership type of Limited Liability Corporation, and to be managed by Catondria Brown, intends to file an application for a Certificate of Need to establish a licensed home health agency to provide home health services (primarily private duty nursing services) in Fayette, Haywood, Madison, Shelby and Tipton Counties in Tennessee, at a cost of \$50,000 for CON purposes. Its principal office will be located at 2855 Stage Village Cove, Suite # 5, Bartlett, Tennessee 38134. The anticipated date of filing the application is on or before August 15th, 2016. The contact person for the project is Catondria Brown, Chief Financial Officer, who may be reached at Premier Health Care, LLC, 2855 Stage Village Cove, Suite # 5, Bartlett, TN, 38134; (901) 388-2228.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

...has been declared due and payable; and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee, by U.S. Bank National Association, will, on September 7, 2016 on or about 11:00 AM, at the Dyer County Courthouse, Dyersburg, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR certified funds paid at the conclusion of the sale, or credit bid from a bank or other lending entity pre-approved by the successor trustee. The sale is free from all exemptions, which are expressly waived in the Deed of Trust, said property being real estate situated in Dyer County, Tennessee, and being more particularly described as follows:

### Legal Notices

NOTICE TO FURNISHERS  
OF LABOR  
AND MATERIALS TO:  
K & S Markers, Inc.  
PROJECT NO.:  
98049-4120-04  
CONTRACT NO.: CNQ056  
COUNTY: Shelby

The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 09/09/16.

NOTICE TO FURNISHERS  
OF LABOR  
AND MATERIALS TO:  
Law Signs, LLC  
PROJECT NO.:  
98048-4199-04  
CONTRACT NO.: CNP211  
COUNTY: Shelby

The Tennessee Department of Transportation is about to make final settlement with the contractor for construction of the above numbered project. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with the Director of Construction, Tennessee Department of Transportation, Suite 700 James K. Polk Bldg., Nashville, Tennessee 37243-0326, on or before 09/16/16.

Legal Notices  
LAST DEED OF RECORD  
BOUNDARY SURVEY HAS  
BEEN MADE AT THE TIME

Legal Notices  
NOTICE OF TRUSTEE'S SALE  
WHEREAS, default has occurred  
in the performance of the cov-

Legal Notices  
Lying and being situated in the  
Fourth (4th) Civil District of  
the County of Tennessee and

**QUESTIONS: DEVELOPMENT SCHEDULE**

**1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.**

Project completion forecast chart is on the following page.

**2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.**

Not applicable. The applicant anticipates completing the project within the period of validity.

**PROJECT COMPLETION FORECAST CHART**

Enter the Agency Projected Initial Decision Date, as published in Rule 68-11-1609(c).

December 13, 2016

Assuming the CON decision becomes the final agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

**QUESTIONS: C(III) – CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

**Table: 24 Project Completion Forecast Chart**

PHASE	DAYS REQUIRED	Anticipated Date (Month/Year)
*Issuance of License	102	03-2017
*Initiation of Service	105	03-2017

**For projects that DO NOT involve construction or renovation: Please complete items 10-11 only.**

**NOTE: if litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.**

AFFIDAVITSTATE OF TennesseeCOUNTY OF ShelbyCatharina Brown

being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Catharina Brown  
SIGNATURE/TITLE

Sworn to and subscribed before me this 1 day of August, 2016 a Notary  
(Month) (Year)

Public in and for the County/State of Tennessee.

My commission expires

October  
(Month/Day)





# **INDEX OF ATTACHMENTS**

A.4 Ownership- Legal Entity and Organization Chart (If Applicable)

A.6 Site Control

B.IV. Floor Plan

C, Need-3 Service Area Maps

C, Economic Feasibility- 1 N/A

C, Economic Feasibility – 2 Documentation of Availability of Funding

C, Economic Feasibility-10 Financial Statements

C, Orderly Development-7 © Licensing & Accreditation Inspection N/A

Miscellaneous Information – Tables Included

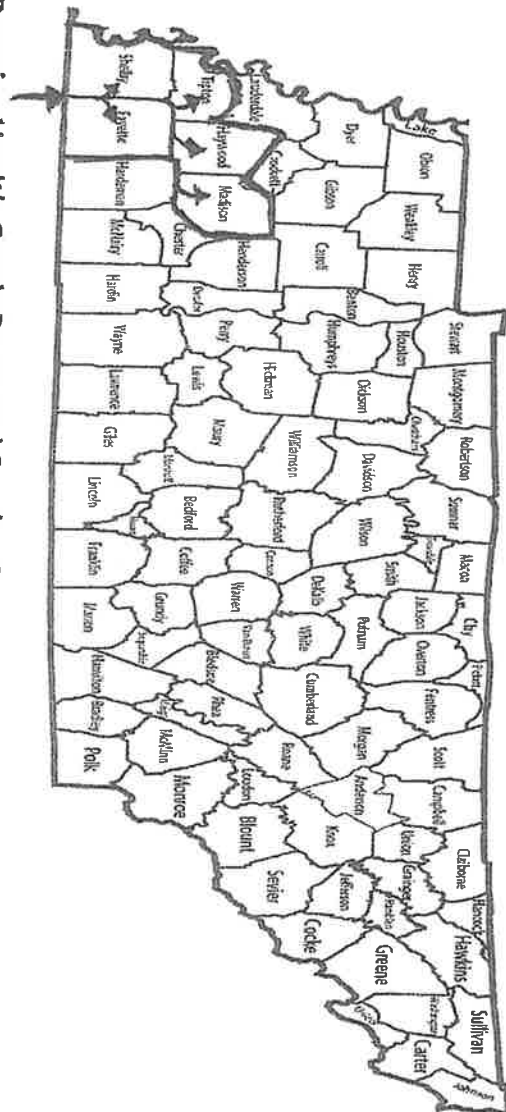
Support Letters

**C.(I).3**

## **SERVICE AREA MAP**

*Premier Health Care's Proposed Service Area:*

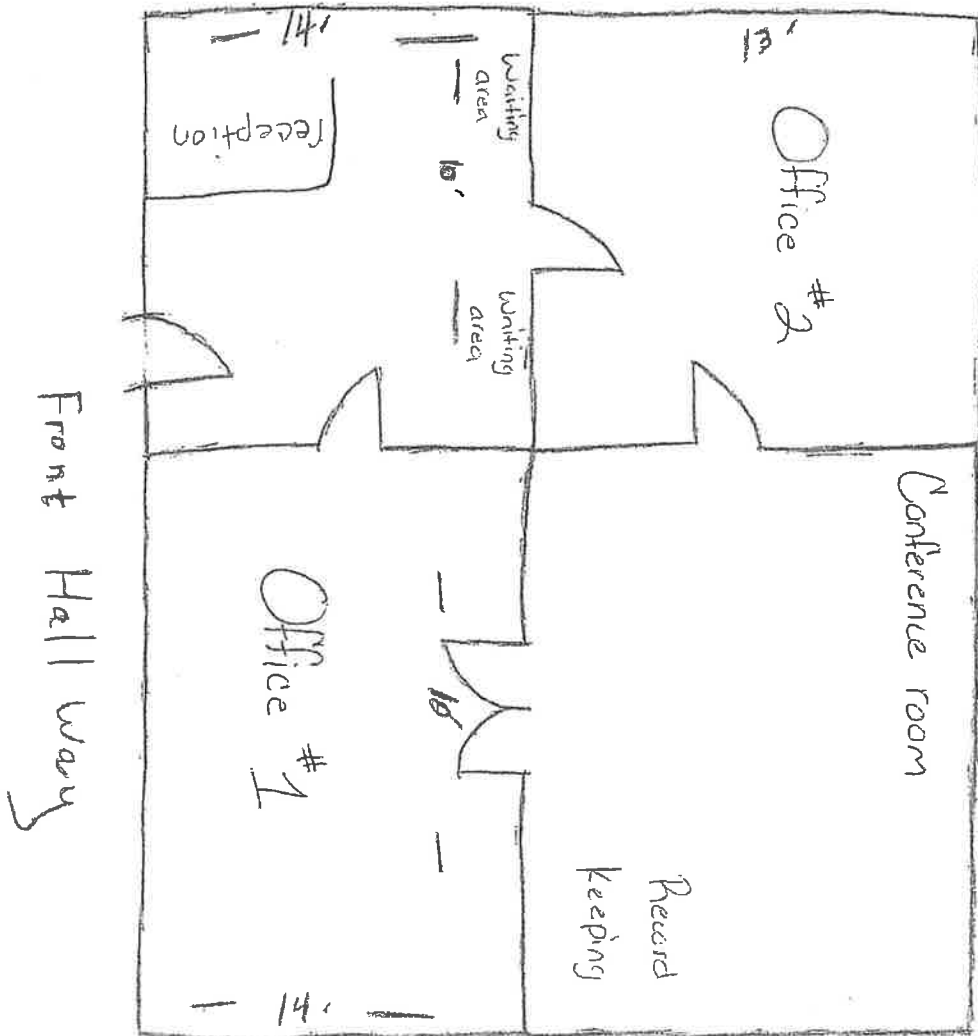
*Fayette, Haywood, Madison, Shelby and Tipton Counties*



Premier Health Care's Proposed Service Area

## **B.IV.—FLOOR PLAN**

550 sq ft approx



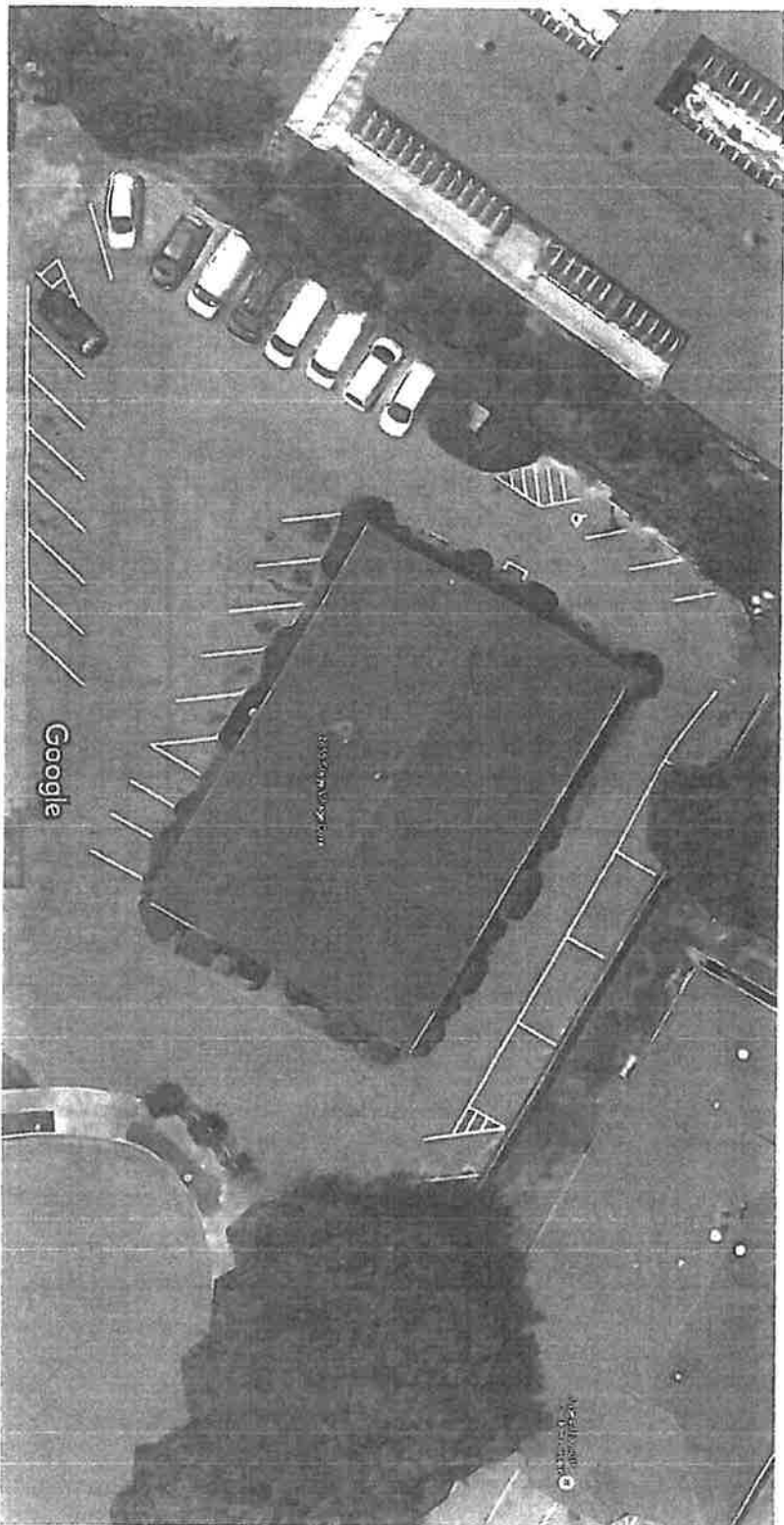
**C, NEED—3**  
**Service Area Maps**



7/7/2016

Google Maps 2855 Stage Village Cove

2855 Stage Village Cove - Google Maps

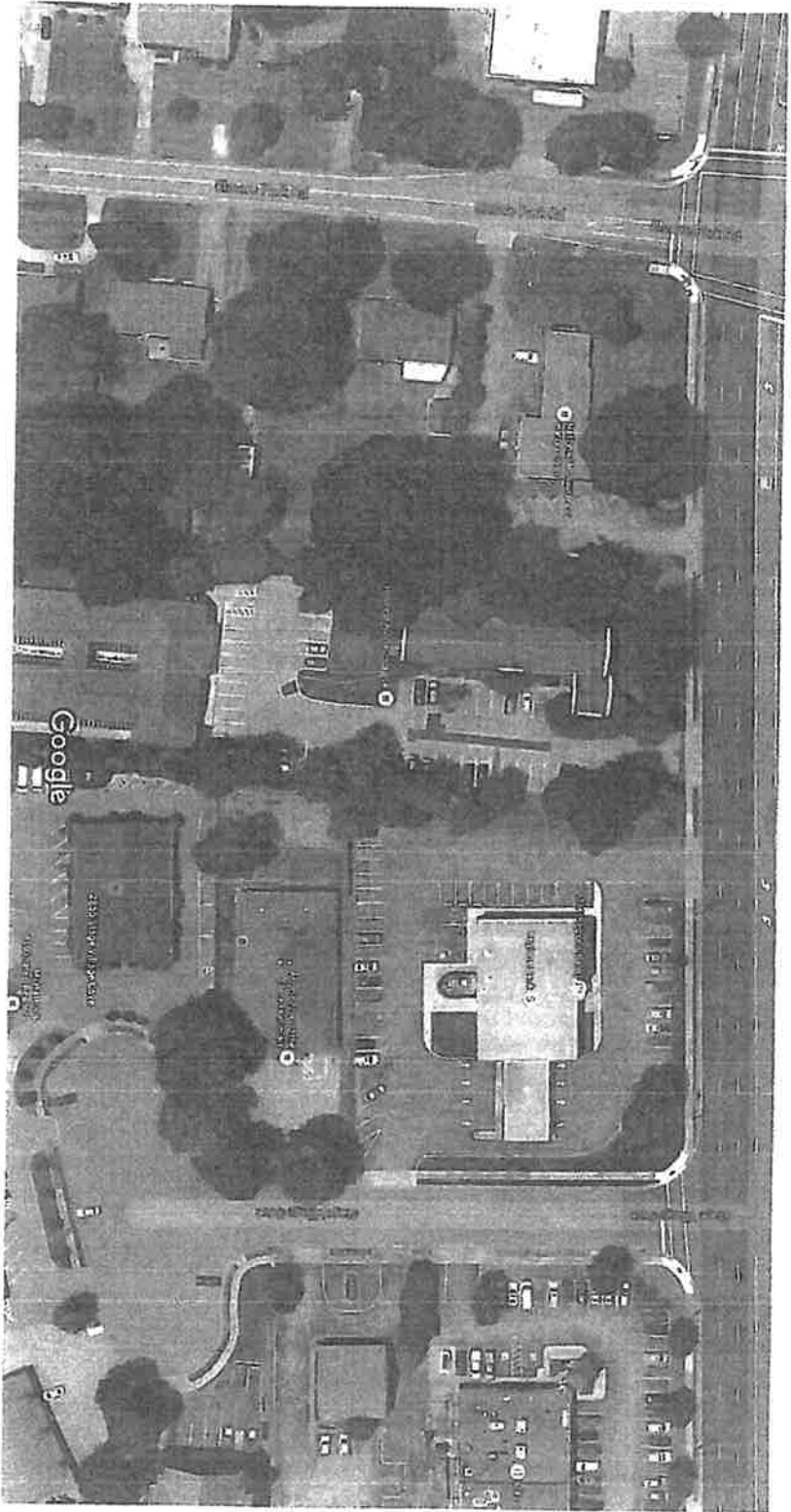


Imagery ©2016 Google, Map data ©2016 Google 10 ft

<https://www.google.com/maps/place/2855+Stage+Village+Cove,+Bartlett,+TN+38134/@35.204932,-89.8558754,142a,20y,326.62m/data=!3m1!1e3!1m5!1m4!1s0x897f82b1e3635ab50x:075084fd4aa776218m2!3d35...> 1/1



# Google Maps 2855 Stage Village Cove



Imagery ©2016 Google, Map data ©2016 Google 50 ft

**C, Economic Feasibility—2**  
**Documentation of Availability of Funding**

Premier Health Care, LLC  
2855 Stage Village Cove, Suite # 5  
Bartlett, TN. 38134  
Phone: 901-388-2228

August 1, 2016

Melanie M. Hill, executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
500 Deadrick Street  
Nashville, TN. 37243

RE: Premier Health Care, LLC is applying for a Certificate of Need to establish its first home health office in Bartlett, Tennessee.

As the Chief Financial Officer of Premier Health Care, LLC, the owner of the proposed new agency, I am writing to confirm that Premier will provide the approximately \$50,000 of capital expenditures needed to implement this project. Premier Health Care, LLC's financial statements are provided in the application to demonstrate the company's capacity to fund this project.

Sincerely,

Catondria Brown  
Chief Financial Officer

**C, Economic Feasibility—10**  
**Financial Statements**

**Premier Health Care, LLC**  
**Consolidated Financial Statements – UNAUDITED**

**January – December 2014 and 2015**

**Premier Health Care, LLC**  
**Consolidated Balance Sheets**  
**January – December 2014 and 2015**

	2015	2014
<b>Assets</b>		
Current assets		
Accounts Receivable	\$370,000	\$346,000
<b>Gross Revenue</b>	<b>\$370,000</b>	<b>\$346,000</b>
Deductions from Operating Revenue		
Provision for Bad Debt	1,500	0.00
<b>Total Deductions</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Net Operating Revenue</b>	<b>\$368,500</b>	<b>\$346,000</b>
<b>Expenses</b>		
Salaries	\$ 87,200	\$ 81,700
Supplies	\$ 8,000	\$ 7,100
Professional Fees	\$ 3,000	\$ 3,000
Rent	\$ 8,400	\$ 8,400
<b>Total Operating Expenses</b>	<b>\$106,600</b>	<b>\$100,200</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>\$261,900</b>	<b>\$245,800</b>

## TABLES

## C.1. - NEED

**Table: 3** below illustrates Premier's estimate of its Year One composition from a clinical

<b>Estimated Year One Composition of Cases By Clinical Need</b>
---

<b>Premier Health Care Services</b>
-------------------------------------

perspective.

Type of Patient	Number - ( %)
Neurological *	6- 38%
Cardiovascular	2 - 12%
Respiratory	2 - 12%
Other *	6 - 38%
Total Projected Patients, Year One	16- (100%)

*Percentages and patient numbers rounded*

- Neurological – traumatic brain injury, quadriplegic, paraplegic and others.
- Other – Muscular Dystrophy, seizure disorder, gastrointestinal disease and other conditions.

## C.1. - NEED

Table:4 Existing Agency Patients and Agency Pediatric Services and Dependence

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharm acy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source: TDH 2015 Joint Annual Reports Registry for Authorized counties; Source: TDH 2015 – Department of Statistical Data



## C.1. - NEED

Table: 5 2015 TennCare Payor Mix of Agencies Authorized in Services Area

Health Stat. ID	Agency County	Agency Name	Total Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	\$31,824,839	\$22,851,469	71.80%
19544	Davidson	Home Care Solutions Inc.	\$9,626,513	\$0	0.00%
24026	Fayette	NHC HomeCare	\$2,280,789	\$0	0.00%
24036	Fayette	Where the Heart Is	\$2,344,460	\$250,218	10.67%
57095	Madison	Extencicare Home Health of West Tennessee	\$5,139,289	\$0	0.00%
79456	Shelby	Accredo Health Group, Inc.	\$0	\$0	0.00%
79466	Shelby	Alere Women's and Children's Health LLC	\$532,931	\$187,059	35.10%
79146	Shelby	Amedisys Home Care	\$3,379,165	\$0	0.00%
79246	Shelby	Amedisys Home Health Care	\$2,560,156	\$0.00	0.00%
79386	Shelby	Amedisys Tennessee, LLC	\$5,994,682	\$0	0.00%
79256	Shelby	Americare Home Health Agency, Inc	\$4,597,317	\$82,434	1.79%
79276	Shelby	Baptist Trinity Home Care	\$8,819,896	\$0	\$0.00
79446	Shelby	Baptist Trinity Home Care- Private Pay	\$105,992	\$0	\$0.00
79546	Shelby	Best Nurses, Inc	\$587,773	\$34,944	5.95%
79556	Shelby	Coram/CVS Specialty Infusion Service	\$44,285	\$0	\$0.00
79206	Shelby	Family Home Health Agency	\$2,429,693	\$708,945	29.18%
79496	Shelby	Functional Independence Home Care, Inc.	\$16,088,606	\$12,524,168	77.84%
0	Shelby	Hemophilia Preferred Care of Memphis	Pharmacy		
79486	Shelby	Home Health Care of West TN	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	\$9,939,690.00	\$3,110,466	31.29%
79226	Shelby	Intrepid USA Healthcare Services	\$2,631,668	\$0	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	\$12,648,142	\$11,875,369	93.89%
79106	Shelby	Meritan, Inc	\$2,517,728	\$361,846	14.37%
79316	Shelby	Methodist Alliance Home Care	\$7,676,244	\$92,400	1.20%
79506	Shelby	No Place Like Home	\$14,336,680	\$13,511,680	94.25%
79136	Shelby	Quality Home Health =Extended	\$4,946,049	\$3,748,824	75.79%
79526	Shelby	Still Waters Home Health	\$410,000	\$0	0.00%
79236	Shelby	Willowbrook Visiting Nurses	\$1,473,079	\$0	0.00%
		<b>Totals</b>	<b>\$157,417,744</b>	<b>\$78,748,143</b>	<b>50.00%</b>

Source: TDH 2015 Joint Annual Reports/ Registry of Authorized Counties

Source: TDH 2015 Department of Statistical Data

**C.1. - NEED****Table: 6**

**Agencies That Have Private Duty Pediatric Care and Have TennCare Payor Mix**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TNCare % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		<b>Totals</b>			<b>5,150</b>	<b>491</b>	<b>\$100,637,865</b>	<b>\$73,531,691</b>	<b>73.00%</b>

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties

Source: TDH – 2015 Statistical Data

### C.1. – NEED

6. The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.

a. The average cost per visit by service category shall be listed.

**Table: 7 Cost & Charge Comparisons With Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016-2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

Source: 2015 Joint Annual Reports; and Premier management

• Key to Agencies

1. Elk Valley Health Services – Davidson; ID 19494
2. Where The Heart Is - Fayette; ID 24036
3. Functional Independence – Shelby; ID79496
4. Home Health Care of West Tennessee, Inc. – Shelby; ID79486
5. Homechoice Health Services – Shelby; ID 793676
6. Maxim Health Care Service – Shelby; ID 79536
7. No Place Like Home – Shelby; ID 79506



## C.1. - NEED

- a. The average cost per patient based upon the projected number of visits per patient shall be listed.

**Table: 8**                      **Cost Per Visit and Per Patient**

	<b>Year One - 2017</b>	<b>Year Two - 2018</b>
Patients	16	<b>25</b>
Total Visits	1,120	1,750
Skilled Nursing Visits (80%)	896	1,400
Cost per Skilled Nursing Visit	\$47.00	\$47.00
Total Cost, Skilled Nursing Visits	\$42,112.00	\$65,800
Home Health Aide Visits (20%)	224	350
Cost Per HH Aide Visit	\$17.00	\$17.00
Total Cost, HH Aide Visits	\$3,808.00	\$5,950.00
Total Cost Skilled Nursing + HHAide	\$45,920.00	\$71,750.00
Total Cost Per Patient	\$2,870.00	\$2,870.00

**NEED****C.1.3.**

**IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLNESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).**

**Table: 9 Projected Patient Volume Per County – Premier Health Care**

County	Percent of Total	Year One Patients	Year Two Patients
Fayette	18.75%	3	4
Haywood	6.25%	1	2
Madison	25.00%	4	5
Shelby	37.50%	6	11
Tipton	12.50%	2	3
<i>Total All Counties</i>	100.00%	16	25

*Source: TDH population projections 2015.*

## NEED

C(1).4.A. DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

Table: 10 - 'Demographic Characteristics of Project Service Area

## Premier Health - 2015-2019

Demographic	Fayette County	Haywood County	Madison County	Shelby County	Tipton County	State Of Tennessee
Population Base 2010	38,413	18,787	98,294	927,640	61,081	6,346,105
Total Population 2015	43,631	18,477	102,429	953,899	66,234	6,735,706
Total Projected Population 2019	47,573	18,198	105,581	975,626	70,220	7,035,572
% Population change 2015-2019	17.7%	.96%	7.5%	3.8%	11.89%	6.1%
% population change 2010-2015	2.0	-4.1%	-.7%	1.1%	1.3%	3.8%
Age 65+ Population-2015	18.7%	16.1%	15.3%	11.8%	13.1%	15.6%
Age 65+ Population 2010	14.9%	13.7%	13.2%	10.3%	11.1%	4.0%
Age 65+ Population 2019	22.0%	19.14%	17.29%	13.3%	14.9%	17.3%
Age 18-64 Population 2015	59.3%	59.6%	60.6%	62.3%	61.4%	61.2%
Age 18-64 Population 2010						
Age 18-64 Population-2019	57%	57.67%	58.90%	60.9%	60.7%	60%
Age 0-17 population 2015	21.9%	24.1%	24.05%	25.8%	25.4%	23.1%
Age 0-17 Population 2010	23.1%	25.655	24.0%	26.4%	27.2%	5.96%
Age 0-17 population-2019	20.9%	23.18%	23.8%	25.7%	24.3%	22.8%
Median Income	\$55,623	\$33,922	\$42,069	\$46,213	\$42,069	\$44,621
Persons Below Poverty Rate	14.5%	23.7%	20.1%	21.3%	13.1%	17.8%
% of Population w TennCare - 2015	16%	32%	25%	27%	21%	22.5%
% of Children Below Poverty Rate	22.1%	32.1%	31.1%	32.5%	16.7%	25.7%
% of 65+ Below Poverty Rate	10.2%	17.7%	9.5%	11%	8.8%	10.0%

Source: The University of TN Center for Business and Economic Research Population Data Files, Reassembled by TDH, Division of Policy, Planning and Assessment. NOTE: These data will not match the University of Tennessee Data exactly due to rounding (By TDH Division of Policy, Planning and Assessment) Source: US Census Bureau April 1, 2010 – July 1, 2015 - Source: Joint Annual Report of Home Health Agencies – 2014 Final\*

American Fact Finder 2010- 2015 TennCare Enrollment Report – 2015

C(1)5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON's, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND IT UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND APPROPRIATE MEASURES, E., G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

**Table: 11 Existing Agencies, Total Counties Served, Counties Served in Project's Service Area**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area
19494	Davidson	Elk Valley	74	5
19544	Davidson	Home Care Solutions Inc.	38	1
24026	Fayette	NHC HomeCare	8	5
24036	Fayette	Where the Heart Is	3	3
57095	Madison	Extendicare Home Health of West Tennessee	21	5
79456	Shelby	Accredo Health Group, Inc.	6	4
79466	Shelby	Alere Women's and Children's	7	5
79146	Shelby	Amedisys Home Care	3	3
79246	Shelby	Amedisys Home Health Care	3	3
79386	Shelby	Amedisys Tennessee, LLC	5	4
79256	Shelby	Americare Home Health	2	2
79276	Shelby	Baptist Trinity Home Care	3	3
79446	Shelby	Baptist Trinity Home Care- Priv	1	1
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1
79556	Shelby	Coram/CVS Specialty Infusion	25	5
79206	Shelby	Family Home Health Agency	1	1
79496	Shelby	Functional Independence Home	3	3
0	Shelby	Hemophilia Preferred Care	Pharmacy	
79486	Shelby	Home Health Care of West TN	4	3
79379	Shelby	HomeChoice Health Services	6	4
79226	Shelby	Intrepid USA Healthcare Services	1	1
79536	Shelby	Maxim Healthcare Services, Inc	6	5
79106	Shelby	Meritan, Inc	1	1
79316	Shelby	Methodist Alliance Home Care	3	3
79506	Shelby	No Place Like Home	3	3
79136	Shelby	Quality Home Health ~Extended	3	3
79526	Shelby	Still Waters Home Health	1	1
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4
		<b>Number of Home Health Agencies</b>	<b>28</b>	

Source: TDH Joint Annual Report -- 2015



**Table: 12 Total State Wide Utilization of Agencies in Service Area in 2013, 2014 and 2015 Alphabetically by Agency**

Health Statistics ID	Agency County	Agency Name	2013 Patients	Pediatric 0-17	Patients 65+	2013 Visits	2013 Hr	2014 Pts.	Peds. 0-17	Patients 65+	2014 Visits	2014 Hr	2015 Patients	Pediatric 0-17yrs	Patients 65+	2015 Visits	2015 Hours
19494	Davidson	Elk Valley	277	141	23	9,222	729,065	293	150	31	35,655	0	457	195	100	112,411	945,276
19544	Davidson	Home Care Solutions Inc.	1,930	0	1,563	88,519	0	1,689	0	1,383	75,462	0	2,998	161	1,899	42,113	521,678
24026	Fayette	NHC HomeCare	226	0	155	8,535	0	301	0	222	9,534	0	421	1	335	12,036	0
24036	Fayette	Where the Heart Is	116	18	92	3,487	110,724	104	0	102	17,020	29,087	1,044	99	202	19,188	280
57095	Madison	Extendicare Home Health of West TN	2,741	0	2299	93,572	0	832	1	683	25,375	0	1,196	0	1,029	34,797	505
79456	Shelby	Accredo Health Group, Inc.	12	5	1	0	12	21	9	3	N/R	N/R	23	8	5	N/R	N/R
79466	Shelby	Alere Women's and Children's	373	4	369	3214	4821	335	1	0	3,037	4,556	438	1	0	3,641	5,461
79146	Shelby	Amedisys Home Care	1060	0	956	26,138	0	1,069	0	949	24,200	0	948	0	864	20,028	0
79246	Shelby	Amedisys Home Health Care	936	0	782	19,461	0	837	0	699	16,071	0	737	0	614	16,044	0
79386	Shelby	Amedisys Tennessee, LLC	1934	0	1,653	47,620	0	1,856	0	1532	40,681	0	554	0	481	11,879	0
79256	Shelby	Americare Home Health	1,336	10	1,110	75,127	0	1,295	6	566	47,737	0	828	0	646	31,431	0
79276	Shelby	Baptist Trinity Home Care	3,862	0	2,604	46,775	0	3,236	1	2,209	46,051	0	3,169	0	2,247	47,274	0
79446	Shelby	Baptist Trinity Home Care- Priv	1	0	0	0	4,466	1	0	0	167	0	1	0	0	86	0
79546	Shelby	Best Nurses, Inc *(Inactive)	364	0	284	24,540	4,420	176	1	133	9,251	21,279	9	1	6	219	29,900
79556	Shelby	Coram/ CVS Specialty Infusion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	0	1	8	11
79206	Shelby	Family Home Health Agency	379	5	368	23,705	0	428	3	408	21,529	0	504	3	458	23,182	0
79496	Shelby	Functional Independence	953	77	288	32,077	0	1,494	194	546	40,666	0	1,915	169	636	9,838	320,720
0	Shelby	Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
79486	Shelby	Home Health Care of West TN	1,010	43	576	33,710	292,871	754	19	492	19,002	299,766	577	9	411	17,042	340,010
79379	Shelby	HomeChoice Health Services	12	5	7	0	12	2322	21	1628	72,135	108,251	1525	5	1,159	67,844	52,149
79226	Shelby	Intrepid USA Healthcare	605	0	472	18,375	0	522	0	385	17,166	0	565	0	412	17,934	0
79536	Shelby	Maxim Healthcare	155	80	17	805	237,411	173	99	13	3,791	285,972	275	123	32	651	375,306
79106	Shelby	Meritan, Inc	609	0	568	16,870	10,160	632	0	552	20,329	0	652	0	611	14,436	2,498
79316	Shelby	Methodist Alliance Home Care	244	15	113	38,961	0	3,149	155	1954	40,299	0	3,178	140	1948	36,210	0
79506	Shelby	No Place Like Home	58	48	0	0	0	281,830	74	0	0	295,930	80	75	0	0	471,548
79136	Shelby	Quality Home Health =Extended	79	0	54	1,745	0	204	17	68	6,056	0	291	36	69	19,310	0
79526	Shelby	Still Waters Home Health	101	0	72	4,012	0	71	0	64	2,660	0	58	0	39	2,614	0
79236	Shelby	Willowbrook	479	0	422	9,688	0	499	0	412	10,882	0	561	0	459	10,808	0

Source TDH Joint Annual Reports – 2013, 2014, 2015: Pages 8-10

**Table: 13 Existing Agency Patients By Service Area Counties; and  
Dependence on Service Area and on Pediatric Patients**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care-Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Pharmacy						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source TDH – Joint Annual Reports Pg 8 -10

Table:14 Existing Agency Patients and Agency Pediatric Services and Dependence

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care-Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/ CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care	Phar						
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	Home Choice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses Assoc	6	4	544	0	0.00%	561	0.00%
					<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source TDH - Joint Annual Reports Pg 8 -10

The following table illustrates the pediatric utilization of the twenty eight existing agencies licensed to serve this area in terms of the total number of counties they serve in Tennessee, the number of counties in this proposed area they serve, the agencies total number of pediatric patients they serve as a percentage of the total patients in the state.

**Table: 15 Existing Agency Patients and Agency Pediatric Services and Dependence**

Health Statistics ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Pediatric pts. In service area as % of Agency Total Patients in Service area	Agency Total Patients in TN	Agency's Pediatric patients in Service area as % of Agency Total patients in TN.
19494	Davidson	Elk Valley	74	5	32	15	46.80%	457	3.20%
19544	Davidson	Home Care Solutions Inc.	38	1	0	0	0.00%	1,813	0.00%
24026	Fayette	NHC HomeCare	8	5	345	1	0.28%	421	0.23%
24036	Fayette	Where the Heart Is	3	3	1,044	99	9.48%	1,044	9.45%
57095	Madison	Extendicare Home Health of West Tennessee	21	5	539	0	0	1,196	0.00%
79456	Shelby	Accredo Health Group, Inc.	6	4	22	7	31.80%	23	30.40%
79466	Shelby	Alere Women's and Children's	7	5	389	1	0.25%	438	0.22%
79146	Shelby	Amedisys Home Care	3	3	948	0	0.00%	948	0.00%
79246	Shelby	Amedisys Home Health Care	3	3	737	0	0.00%	737	0.00%
79386	Shelby	Amedisys Tennessee, LLC	5	4	554	0	0.00%	554	0.00%
79256	Shelby	Americare Home Health	2	2	828	0	0.00%	828	0.00%
79276	Shelby	Baptist Trinity Home Care	3	3	3,169	0	0.00%	3,169	0.00%
79446	Shelby	Baptist Trinity Home Care- Priv	1	1	1	0	0.00%	1	0.00%
79546	Shelby	Best Nurses, Inc *(Inactive)	1	1	9	1	11.00%	9	11.00%
79556	Shelby	Coram/CVS Specialty Infusion	25	5	4	0	0.00%	4	0.00%
79206	Shelby	Family Home Health Agency	1	1	504	3	0.59%	504	0.59%
79496	Shelby	Functional Independence Home	3	3	1,915	169	8.80%	1,915	8.80%
0	Shelby	Hemophilia Preferred Care Pharmacy							
79486	Shelby	Home Health Care of West TN	4	3	552	9	1.63%	577	1.55%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	0.39%	1,525	0.32%
79226	Shelby	Intrepid USA Healthcare Services	1	1	565	0	0.00%	565	0.00%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	44.10%	275	41.40%
79106	Shelby	Meritan, Inc	1	1	652	0	0.00%	652	0.00%
79316	Shelby	Methodist Alliance Home Care	3	3	3,178	139	4.37%	3,178	4.37%
79506	Shelby	No Place Like Home	3	3	80	75	93.75%	80	93.75%
79136	Shelby	Quality Home Health =Extended	3	3	291	36	12.37%	291	12.37%
79526	Shelby	Still Waters Home Health	1	1	58	0	0.00%	58	0.00%
79236	Shelby	Willowbrook Visiting Nurses	6	4	544	0	0.00%	561	0.00%
		<b>Totals</b>			<b>18,487</b>	<b>674</b>	<b>3.60%</b>	<b>21,823</b>	<b>3.00%</b>

Source TDH – Joint Annual Reports Pg 8 -10

## Question: C. I.3 (Continued)

Table: 16 (a) Premier Projected Utilization - Year One (2017) Patients

County	Private Duty	Year One Patients	Visits	Hours
Fayette	18.75%	3	210	2,520
Haywood	6.25%	1	70	840
Madison	25.00%	4	280	3,360
Shelby	37.50%	6	420	5,040
Tipton	12.50%	2	140	1,680
<i>Total All Counties</i>	100.00%	16	1,120	13,440

*Source: Patients, Visits, Hours from Premier Management*

Table: 16 (b) Year Two (2018) Patients

County	Percent of Total	Year Two Patients	Visits	Hours
Fayette	18.75%	4	280	3,360
Haywood	6.25%	2	140	1,680
Madison	25.00%	5	350	4,200
Shelby	37.50%	11	770	9,240
Tipton	12.50%	3	210	2,520
<i>Total All Counties</i>	100.00%	25	1,750	21,000

*Visits, and hours allocated to patients in proportion to population*

Table: 17 (a)

Premier Projected Utilization by Discipline – Year One - 2017				
Discipline	Staff	Visits	Hours	
Skilled Nursing		8	896	10,752
Aides		15	224	2,688
<b>Total</b>		<b>23</b>	<b>1,120</b>	<b>13,440</b>

Table 17 (b) Year Two - 2018

Discipline	Staff	Visits	Hours	
Skilled Nursing	10	1400	16,800	
Aides	20	350	4,200	
<b>Total</b>	<b>30</b>	<b>1,750</b>	<b>21,000</b>	

Table 18(a): Premier Projected Payor Mix on Gross Revenue (Billing) Year One

	Medicare	%	TennCare/ Medicaid	%	Commercial	%	Self Pay	%	Other	%	Total (100%)
Patients	0	0.00%	16	100%					0	0.00%	100.00%
Visits	0	0.00%	1120	100%				0.00%	0	0.00%	100%
Hours	0	0	13400	100%					0	0.00%	100%
Gross Revenue Per Visit	\$0.00	0	\$77,728								
Gross Rev/Hr	\$0.00	0	\$467,712								
Gross Rev/Patient	\$0.00	0	\$34,090								

Source: Premier Management

Table 18(b): Premier Projected Payor Mix on Gross Revenue (Billing) Year Two

	Medicare	%	TennCare/ Medicaid	%	Self Pay	%	Commercial	%	Other	%	Total (100%)
Patients	0	0.00%	23	92.00%			2	8.00%			100.00%
Visits	0	0.00%	1575	90%			175	10%			
Hours	0	0	18900	90%			2,100	10%			
Gross Revenue Per Visit	\$0.00	\$0.00	\$109,305	90%			\$12,145	10%			
Gross Rev/Hr	\$0.00	\$0.00	\$657,720	90%			\$73,080	10%			
Gross Rev/Patient	\$0.00	\$0.00	\$33,348.90				\$42,612	10%			

Source: Premier management - Note: TennCare and the VA Medical Centers require its providers to maintain a Medicare provider number. Premier will be a private duty company. We are committing **not** to compete with other home health agencies for Medicare patients.

**C(II).5. PLEASE IDENTIFY THE PROJECTS AVERAGE GROSS CHARGE. DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE**

**Table: 19 Average Charges, Deductions, and Net Charges**

	CY 2017	CY 2018
Hours	13,440	21,000
Average Total Agency Gross Revenue, Per Hour	\$40.58	\$40.58
Average Total Agency Deduction, Per Hour	\$0.50	\$0.50
Average Total Net Charge (Net Operating Revenue), Per Hour	\$40.08	\$40.08
Average Total Agency Net Operating Income After Capital Expenditure, Per Hour	\$6.11	\$9.16

Source: Premier Management

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREA, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

**Table: 20: Cost & Charge Comparisons With Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016-2017	\$47	\$17	\$80	\$27	\$25	\$11	\$38	\$22

*Source: 2015 Joint Annual Reports; and Premier management*

- Key to Agencies
  8. Elk Valley Health Services – Davidson; ID 19494
  9. Where The Heart Is - Fayette; ID 24036
  10. Functional Independence – Shelby; ID79496
  11. Home Health Care of West Tennessee, Inc. – Shelby; ID79486
  12. Homechoice Health Services – Shelby; ID 793676
  13. Maxim Health Care Service – Shelby; ID 79536
  14. No Place Like Home – Shelby; ID 79506



**C(II).9. DISCUSS THE PROJECTS PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DISCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF THE REVENUE AND PERCENTAGE OF THE TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICAREM OR THER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.**

Table 21: Medicare and TennCare/Medicaid Revenues, Year One

	Medicare	TennCare/Medicaid
Gross Revenue	\$0	\$545,440
Percent of Gross Revenue	0.0%	100%

Source: Table 18(b) Above

C(III).2. DESCRIBE THE POITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATIONS OR COMPETITION ARISING FROM YOUR PROPOSAL. INCLUDING A DESCRIPTION ON THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

**Table: 6**  
**Agencies That Have Private Duty and Private Duty Pediatric Care and Have TennCare Payor Mix**

Health Statistic ID	Agency County	Agency Name	Total Counties Served	Total Counties Served in Project's Service Area	Total Agency Pts. From Project Service Area	Pediatric patients 0-17 served in Project service area by agency	Gross Revenue	TNCare Gross Revenue	TN Care % of Gross Revenue
19494	Davidson	Elk Valley	74	5	32	15	\$31,824,839.00	\$22,851,469	71.80%
24036	Fayette	Where the Heart Is	3	3	1,044	99	\$2,344,460	\$250,218	10.67%
79496	Shelby	Functional Independence Home	3	3	1,915	169	\$16,088,606	\$12,524,168	77.84%
79486	Shelby	Home Health Care of West TN	4	3	552	9	\$13,455,448	\$9,408,321	69.92%
79379	Shelby	HomeChoice Health Services	6	4	1,269	5	\$9,939,690.00	\$3,110,466	31.29%
79536	Shelby	Maxim Healthcare Services, Inc	6	5	258	114	\$12,648,142	\$11,875,369	93.89%
79506	Shelby	No Place Like Home	3	3	80	75	\$14,336,680	\$13,511,680	94.25%
		<b>Totals</b>			<b>5,150</b>	<b>486</b>	<b>\$100,637,865</b>	<b>\$73,531,691</b>	<b>73.00%</b>

Source: 2015- TDH Joint Annual Reports Registry for Authorized Counties  
Source: TDH – 2015 Statistical Data

**C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE's FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.**

**Table: 22 TDOL Average Salaries for the Region**

Position	Entry Level	Medium	Experienced
RN	\$40,392	\$52,500	\$64,608
LPN	\$28,716	\$37,320	\$45,924
HH Aide	\$17,628	\$22,908	\$28,188

*Source: Tennessee Department of Labor and Workforce Development Occupational Classification Compensation Alpha Numeric Plan – June 1, 2016*

Please see the following Table: 23 which shows Premier's projected staffing

**Table: 23 Premier Health Care's Projected Staffing**

Position Type	Year One FTE's	Year Two FTE's	Annual Salary Range
<b>Office Positions, Management and Clinical</b>			
Administrative Officer	1.0	1.0	\$70,000-\$75,000
RN Supervisor	1.0	1.0	\$36,000-\$38,000
Recruiter	1.0	1.0	\$17,000-\$17,500
Staff Coordinator	1.0	1.0	\$17,000-\$17,500
Payroll Clerk	1.0	1.0	\$17,000-17,500
<b>Subtotal, Office FTE's</b>	<b>5.0</b>	<b>5.0</b>	
<b>Clinical Positions in Field</b>			
Registered Nurse	6	8	\$40,000-\$45,000
Licensed Practical Nurse	2	4	\$28,700-\$29,000
Home Health Aide	15	20	\$17,600-\$18,000
<b>Subtotal Field FTE's</b>	<b>23</b>	<b>32</b>	

*Source: Premier Health Care Management*

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

Table: 24 Project Completion Forecast Chart

PHASE	DAYS REQUIRED	Anticipated Date (Month/Year)
*Issuance of License	102	03-2017
*Initiation of Service	105	03-2017

For projects that DO NOT involve construction or renovation: Please complete items 10-11 only.

NOTE: if litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

# SUPPORT LETTERS

July 7, 2016

Dear Toni Smith,

My name is Nicole Petrouski and I serve as the Senior Family Services and Clinical Coordinator for the Muscular Dystrophy Association which covers Western TN, Eastern Arkansas and Mississippi.

Many of our families are in need of a quality homecare provider specifically private duty nursing for hourly care. Our families have a wide range of neuromuscular diseases in which require different levels of care. Currently our MDA office in Memphis serves over 1600 people in the Memphis area and in the entire state of Mississippi with muscle disease.

I would like to support the Premier Health Care application for Certificate of Need for Shelby, Fayette, Tipton, Haywood and Madison counties in West Tennessee. They are a well-respected, quality provider of attendant care and personal care in Shelby, Fayette and Madison counties. I am confident they will provide the same quality of care to our patients in the future.

Thank you,

Nicole Petrouski

[npetrouski@mdausa.org](mailto:npetrouski@mdausa.org)

office 901.748.3036  
fax 901.748.0485  
3149 Players Club Parkway  
Memphis, TN 38125



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
1030 Jefferson Avenue  
Memphis TN 38104

In Reply Refer To:

To Whom It May Concern:

It is my pleasure to write this letter of recommendation for Catondria Brown and Premier Health Care Agency. I have known and worked with Ms. Brown for more than eight years. Her company provides services to the Veterans Administration Medical Center (VAMC), Memphis Homemaker/Home Health Aide Program.

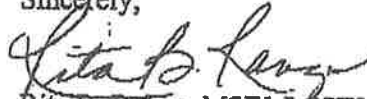
I have found Ms. Brown to be professional in her dealings with the VA staff as well as with our veteran population with which she serves. In addition, she is a woman of good character and is committed to providing high quality service. She has a passion for serving others and it shines through in the manner in which she conducts business. Ms. Smith responds to and assigns staff to the referrals that we send to her in a timely manner. The veterans report that they are highly satisfied with the services that are provided by Premier.

Ms. Brown has an excellent staff working with and for her. They are reliable, dedicated, and works diligently to meet client needs. This is as a result of the excellent leadership of Ms. Brown.

Premier Health Care consistently performs exceptionally well in VAMC agency reviews. We are fortunate to be able to work with such an agency.

I recommend Ms. Brown without reservations and am confident that she will be an asset to your team. Please let me know if you have any further questions or need additional information.

Sincerely,

  
Rita B. Range, MSW, LCSW  
Supervisory Social Worker

Hi, Toni. The Private Duty nursing service that you mentioned that will take Medicare and Medicaid is really needed and will benefit my patients. Currently it is extremely hard to find skilled nursing for my Medicaid patients and that is the majority of my caseload.

*Erica Ford, LCSW*

Delta Medical Center

3000 Getwell Road

Memphis, TN 38118

901-369-8547

901-369-6075

[eford@deltamedcenter.com](mailto:eford@deltamedcenter.com)

*The best way out is always through. -Robert Frost*

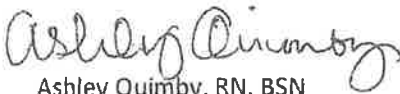
*3000 Getwell Road • Memphis, TN 38118 • 901.369.8700*  
*www.DeltaMedCenter.com*



June 9, 2016

To whom it may concern:

There is a need for skilled home nursing care within the muscular dystrophy patient population. The muscular dystrophy population includes a wide range of pediatric and adult diagnoses that can require total care, hospice care and respite care for caregivers.



Ashley Quimby, RN, BSN

MDA Clinic Nurse Coordinator

Subject: Home Health Services

From: Morrison, Phillip (Phillip\_Morrison@BCBST.com)

To: premierha@att.net;

Date: Wednesday, May 25, 2016 10:34 AM

125

We are currently accepting new providers for Home Health Skilled Nursing Services statewide. There is a need for additional home health providers in the Shelby County area. Contracts can be offered as long as meets our credentialing requirements.

***1) TN: Licensed as a Home Health Provider***

Other States: Licensed in accordance with that state's licensing laws

2) Not currently sanctioned by Medicare/Medicaid

3) \$1 million/\$3 million Malpractice

4) Medicare Part A

5) CLIA certificate, if applicable

6) TJC or CHAP or AAAHC, collect but not required

7) If not accredited, copy of state or CMS site audit

8) General Liability Insurance

9) History of federal and/or state sanctions (Medicare, Medicaid, or TennCare)

10) An attestation to the correctness and completeness of the application

Phillip Morrison

*Phillip S Morrison*

Ancillary Network Manager

BlueCross BlueShield of TN

3200 West End Avenue, Suite 102

Nashville, TN 37203

P#: 615-760-8711

118

**Subject:** infusion services

126

**From:** Bonner, Marilyn L. (Marilyn.Bonner@va.gov)

**To:** premierha@att.net;

**Date:** Wednesday, May 25, 2016 10:31 AM

To Whom it may concern,

In dealing with the community referrals, our department it is often difficult to secure infusion services for our veteran due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially . Any additional resources to help resolve these issues would be greatly appreciated . These resources would help decrease length of stays in this hospital as well as in the community .

Marilyn L Bonner RN

Nurse Manager

Care Coordination-Memphis

901-523-8990 ext 5383

Fax: 901-302-3570

The smallest act of kindness is worth more than the grandest intention.....

Oscar Wilde

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# Supplemental #1 -COPY-

Premier Health Care, LLC)

CN1608-027

## PREMIER HEALTH CARE, LLC

Phillip M. Earhart, HSD Examiner

State of Tennessee

Health Services and Developmental Agency

Andrew Jackson Building, 9<sup>th</sup> Floor

502 Deaderick Street

Nashville, TN. 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364 / Fax: 615-532-9940

RE: CON Application CN1608-027

Premier Health Care, LLC

September 26, 2016

Dear Mr. Earhart,

This letter is in response to the letter that I received as a request for additional information which is necessary for the completion of Premier's application for CON. The items are numbered to correspond to the questions. They are provided in triplicate, with affidavit.

**1. Section A, Application Profile, Item 4**

**IT IS NOTED PREMIER HEALTH CARE, LLC IS A TENNESSEE REGISTERED ACTIVE LIMITED LIABILITY COMPANY. HOWEVER, PLEASE CLARIFY IF THE APPLICANT'S EXISTING PERSONAL CARE AGENCY AND PROPOSED HOME HEALTH AGENCY WILL OPERATE UNDER THE SAME LLC. IF SO, WHAT ARE THE ADVANTAGES OF OPERATING UNDER ONE LLC FOR BOTH LINES OF BUSINESS RATHN THAN CREATING AN LLC FOR EACH?**

- Premier Health Care shall operate the proposed home health agency under the same LLC.
- The advantages are that Premier has established relationships with health care professionals, consumers of services and members of the community under the current LLC.

**2. Section A, Application Profile Item 12 and 13.**

**The applicant refers to Attachments A.12 and A.13. However, those attachments could not be located. Please resubmit.**

- The profile items 12 and 13 are located on page 7 of the application. It was not an attachment.

**On page 7 the applicant states Premier Health Care has certification with TennCare/Medicaid which was obtained in 2009. However, please clarify if the existing TennCare certification is for non-medical in-home personal support services agency.**

- The existing TennCare certification is for non-clinical in-home personal support services agency.

**Table One on page 7 of contractual relationships with service area MCOs I noted. However, please revise the table to reflect the applicant's relationship with MCOs for the proposed home health services, rather than the existing personal support services agency.**

- Table One on page 7 of contractual relationships with service are MCOs has been revised to reflect that Premier Health Care shall seek contracts with service area MCOs for the proposed home health services.

**Table One: Contractual Relationships with Service Area MCO's**

<b>Available TennCare MCO's</b>	<b>Applicant's Relationship</b>
Amerigroup	Shall Seek Contract
United Community Healthcare Plan	Shall Seek Contract
Blue Care/ TennCare	Shall Seek Contract
TennCare Select	Shall Seek Contract

**Table One on page 7 is noted. However, please clarify if the applicant will contract with TennCare Select.**

- Premier shall seek a contract with TennCare Select for the proposed home health services.

**3. Section B, Project Description, Item I**

**Please clarify if the proposed home health agency administrator will meet the home health administrator criteria as prescribed by the Rules of the Tennessee Department of Health, Board of Licensing, Chapter 1200-08-26. Please provide an outline of the DOH home health administrator criteria and a copy of the employee's resume.**

- The applicant has attached a copy of employee's resume.
- An administrator, as outlined by the DOH home health administrative criteria, is a person who: (a) is a licensed physician, (b) A registered nurse, or (c) has training and experience in health service administration and at least one (1) year of supervisory or administrative experience in home health care, hospice care or related health programs.

**The applicant is proposing a significantly wide and topographically diverse service area. Discuss how the applicant intends to service this large geographical area from a single location in Memphis? What is the applicant's operational delivery model?**

- Premier plans to open a location in the Madison County area as volumes indicate need. Premier has working staff in the Madison County area presently. Fayette and Shelby county volumes shall be managed from the office in (Bartlett) Memphis, TN. Our future expansion plan includes working staff in Haywood and Tipton counties.

**Please identify the billing agency for this proposed home health agency and their experience in billing home health charges for Medicare and TennCare.**

- Premier's current billing staff has experience billing in the same format as Medicare and will obtain any additional training required or necessary for billing home health charges.

**Please provide a brief description of the owner's expertise in starting and managing a licensed home health agency. Brief bio's outlining areas of expertise and experience that will be helpful.**

- Catondria Brown's expertise in starting and managing a licensed home health agency includes working with patients with physical and mental disabilities. Premier's owner has a background in Respiratory Care which has proven to be helpful in understanding and assisting patients with optimal care. Premier also obtained a license with the Department of Intellectual and Developmental Disabilities to provide nursing care, physical therapy, occupational therapy and speech therapy. We also provided services under that licensure.

**On page 9 the applicant states “some agencies that provide private duty services may not be staffed sufficiently to provide care for patients whose needs exceed 1-2 hours daily or during holidays and weekends.” Please provide documentation to support the statement.**

- Premier proposes to provide private duty nursing services to patients with complex needs and may require treatment times which exceed 1-2 hours. Medical support staff has expressed the need for nursing services which exceed 1-2 hours and have expressed the difficulties of obtaining a home health agency which provides nursing care during weekends and holidays. The reference letter from Marilyn Bonner, Nurse Manager of Care Coordination with the VA Medical Center in Memphis refers to such experience.

**The applicant state Premier has a staff of nurses with clinical experience who assess its patients through the VA Medical Center. Please provide an overview of the applicant’s current nursing staff and if the clinical assessment pertains to the applicant’s personal support services agency.**

- The applicant’s current nursing staff is employed as part time. They provide assessments for the personal support services agency.

**On page 11 the applicant notes a 90% TennCare payer mix, but on page 56 (table 21) the applicant notes a TennCare/Medicaid payer mix of 100%. Please clarify.**

- Premier proposes a 90% TennCare/Medicaid payer mix. Page 56 (table 21) has been revised. The applicant has amended some entries in that table to clarify that for practical purposes there will be none to minimal Medicare utilization to obtain Provider number.

Table 21: Medicare and TennCare / Medicaid / VA Revenues

PayorMix Year One(2017)	Gross Revenue	% of Total Revenues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay	\$0.00	0%
Total	\$545,440	100%



**Please verify the applicant has reviewed the document from the Tennessee Department of Finance and Administration, Bureau of TennCare, titled "Are you thinking about applying for a CON to provide home health or Private Duty Nursing in Tennessee" locate at**

**<http://tennessee.gov/assets/entities/hsda/attachments/APPLYC~1.pdf>**

**Please verify the applicant understands even if a home agency is certified for Medicare participation and thus, eligible for participation as a TennCare provider of home health or PDN services, it does not obligate the MCO to contract with such provider.**

- Applicant verifies the review of the document from the Tennessee Department of Finance and Administration, Bureau of TennCare, titled "Are you thinking about applying for a CON to provide home health or Private Duty Nursing in Tennessee"
- The applicant does understand even if a home agency is certified for Medicare participation and thus, eligible for participation as a TennCare provider of home health that this does not obligate the MCO to contract with Premier.

**On page 32 the applicant notes Premier will primarily provide private duty hourly services. Please verify that TennCare will only cover HH/PDN for adults age 21 and older who are ventilator dependent (for at least 12 hours per day), or have a functioning tracheostomy requiring suctioning and need other specified types of nursing care.**

- Attached is a copy of page 16 of TennCare Rule 1200-13-14-.01, Section 111 which defines coverage for adults age 21 and older for private duty nursing care. The rule has been attached to prevent paraphrase of the rule. The Rule does verify HH/PDN for adults.

**On page 11 the applicant provides a description of proposed home health services. However, please clarify if those listed services are already available through existing licensed home health agencies. What type of home health services would the applicant provide that is not already available in the proposed service area?**

- Based upon communication with nurses, nurse managers, and case managers it seems that the service area needs another provider for availability and proficient care and expedience rather than for a different type of service. The nurses, and families of patients are requesting an agency to be available quickly to provide the care needed. Therefore, the applicant is not proposing to provide services that are not already available.

**Please clarify the reason Tipton and Haywood Counties were added to the proposed home health services service area while the applicant does not have any current presence in that county with the existing personal support services agency owned by the applicant.**

- The applicant plans to include Tipton and Haywood Counties in the proposed home health agency as volumes increase in the surrounding areas.

**The applicant has a current personal support services payer mix of 75% veteran's services and 25% TennCare services. Please explain why the applicant chose to have a proposed home health payer mix of 100% TennCare and not include VA services.**

- The applicant has corrected the previous table (21) to reflect the proposed 90% TennCare payer mix. The applicant proposed to include VA services.

**It appears the applicant has staff experienced in VA services. How will the applicant obtain staff that has pediatric experience?**

- The applicant has staff with pediatric experience presently and management shall continue to recruit other staff with pediatric experience.

**4. Section B, Project Description, Item II.C**

**The applicant Premier will not provide care for Medicare patients. If so, how does the applicant propose to obtain certification from Medicare?**

- Although Premier must obtain Medicare certification to provide services through TennCare the applicant proposes to accept one Medicare patient with commercial insurance for which the commercial insurance shall be accountable and not the Medicare insurance.

**Please clarify if the applicant will be required to serve some Medicare patients to maintain certification.**

- The applicant proposes to serve a Medicare patient with commercial insurance as primary to maintain certification but shall receive reimbursement from commercial insurance.

**On page 15 of the application, the applicant states TennCare enrollment is 28% of the population. However, the percentage does not match those TennCare enrollment percentages in the population tables located on page 39.**

- The population table on page 39 represents the demographics of the project service area rather than TennCare enrollment percentages.

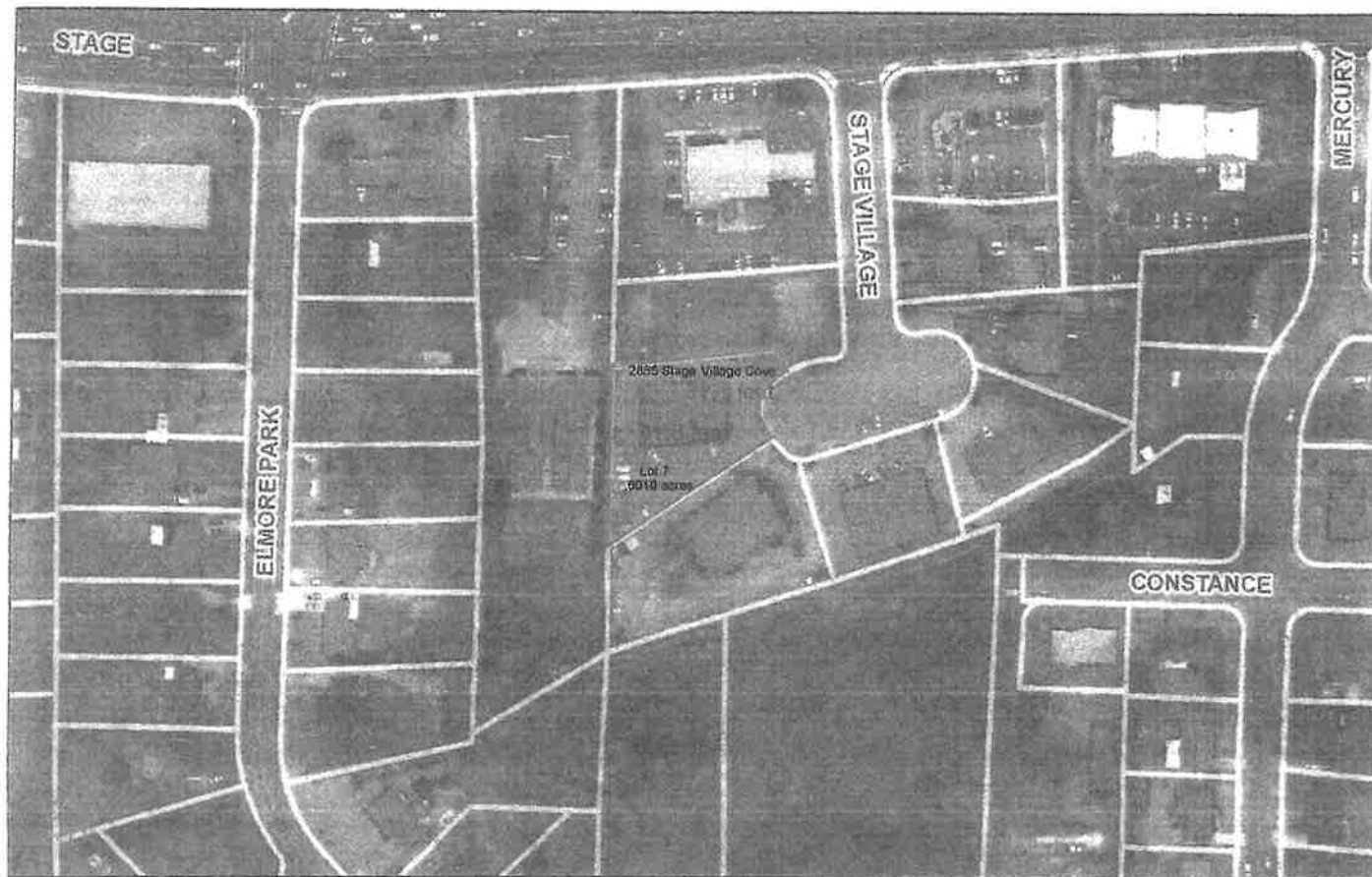
**The last sentence on page 15 states this project will give families with commercial insurance more options. However, the applicant's payer mix is 100% TennCare. Please clarify.**

- The applicant proposes a TennCare payer mix of 90%. This project will give families more options.

**5. Section B, Project Description, Item III (Plot Plan)**

**As required in the application for all projects, the Plot Plan must provide the size of the site (in acres), location of the structure on the site, the location of the proposed project (location of the HHA), and the names of the streets, roads, highways that cross or border the site. Please provide a Plot Plan with all the required information.**

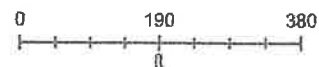
Please see the page which follows this one – Plot Plan

Premier Plot Plan-1

**TOM LEATHERWOOD, REGISTER OF DEEDS**  
**SHELBY COUNTY, TENNESSEE**

DISCLAIMER: PROPERTY TAX MAPS AND PARCEL BOUNDARIES DO NOT REFLECT ACCURATE SURVEY INFORMATION OR EXACT LEGAL OWNERSHIP BOUNDARIES, AND ARE ONLY PROVIDED FOR GENERAL INFORMATION PURPOSES. THEREFORE, THEY SHOULD NOT BE RELIED UPON AS A REPRESENTATION OF ANY PROPERTY FOR ANY PURPOSE.

MAP DATE: August 24, 2016



Acres .6010  
Dimensions 85.82/205x215.25/181.57+25  
Plat BK & PG  
230-020



**6. Section B, Project Description, Item IV.**

**The floor plan is noted. However, please clarify how medical records will be stored and secured.**

- Medical records will be stored and secured in file room accessible only by management staff.

**7. Section C, Need, Item 1**

**The applicant has provided several letters from providers documenting referral sources. Please clarify if the Muscular Dystrophy Association (MDA) is aware the applicant proposes to provide services to TennCare patients only. If so, why did the referral letter from MDA not focus on the need for TennCare Muscular Dystrophy patients only.**

- The Muscular Dystrophy Association is aware the applicant proposes a 90% TennCare payer mix. The Muscular Dystrophy Association focused on the need for the proposed services.

**There is also a letter dated May 25<sup>th</sup>, 2016 from Marilyn Bonner stating it is difficult to secure infusion services for veterans. However, the proposed payer mix does not include VA services. Please clarify the relevance of the VA referral letter.**

- Applicant proposes a payer mix of 90% TennCare. Table (21) is corrected to reflect.

**It is noted the applicant has provided a referral letter from Ashley Quimby, RN, BSN, UT LeBonheur Pediatric Specialists. However, the nurse's license could not be verified at the Tennessee Department of Health license verification web-site. Please verify and provide documentation.**

- Applicant provided a referral letter from Ashley F. Quimby, RN, BSN. This nurse may have licensure in maiden name but applicant is unaware of any name change.

**Please indicate if the applicant solicited letters of support from physicians.**

- Applicant did solicit letters from physicians. But due to busy schedules office staff spoke with me and expressed the need of an agency that could provide care quickly and efficiently.

**The email from BlueCross and BlueShield of Tennessee's Ancillary Network Manager is noted. Please clarify if the applicant solicited the same type letter from Amerigroup and United Community Healthcare Plan. If so, what was the outcome.**

- Applicant did solicit the same type letter from Amerigroup and United Community Healthcare Plan. Both expressed a need verbally. Both requested the applicant to contact "contracting department" once licensure is obtained.

**The email from BlueCross and BlueShield of Tennessee's Ancillary Network Manager states BCBST is accepting new providers for home health skilled nursing services statewide. Does this include Private Duty home health services.**

- Yes, it includes Private Duty home health services.

**Existing Licensed HHA****S & Their Utilization serving the 5-County Declared Service Area**

Agency (license #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA) *	2013 JAR Total patients served	2014 JAR Total patients served	2015 JAR Total Patients Served
Home Care Solutions- 00000056	Davidson	09-28-1988	ALL	1930	1689	1813
NHC Home Care- 00000291	Fayette	06-06-1983	8 (5)	226	301	421
Where the Heart is	Fayette	08-10-2005	3 (3)	116	104	1,044
Extendicare Home Health of West TN	Madison	06-18-1984	21 (5)	1085	832	1196
Accredo Health Group- 00000347	Shelby	05-09-1997	6 (4)	20	21	23
Alere Women's and Children's 00000459	Shelby	12-21-1998	23 (5)	417	376	438
Amedisys - 00000239	Shelby	06-03-1982	3 (3)	1060	1070	948
Amedisys Home Health -00000238	Shelby	2-29-1984	4(3)	936	837	737
Amedisys TN - 00000215	Shelby	04-24-1984	3 (3)	1934	1856	554
Americare Home Health-00000216	Shelby	01-24-1984	2 (2)	1811	1295	828
Baptist Trinity- 00000241	Shelby	06-26-1984	8 (3)	3862	3236	3169
Baptist Trinity Pv- 00000242	Shelby	09-06-1983	5 (4)	1	1	1
Best Nurses Inc- 00000621	Shelby	07-01-2008	3 (3)	364	176	9
CareAll HomeCare	Haywood	2014	14 (4)	N/A	N/A	786
Coram /CVS- 00000627	Shelby	2015	25 (5)	N/A	N/A	4
Family Home Health- 00000229	Shelby	03-10-1977	2 (2)	379	428	504
Functional Independence- 00000610	Shelby	08-13-2004	3 (3)	953	1494	1915
Hemophilia Preferred Care-00000625	Shelby	07-29-2015	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee- 00000227	Shelby	05-02-1984	4 (3)	1010	754	577
HomeChoice Health Services-00000240	Shelby	03-05-1984	6 (4)	861	3201	2372
Interim HealthCare	Shelby		3 (3)	769	724	N/A
Intrepid USA HealthCare-00000214	Shelby	10-09-2007	3 (3)	605	522	565
Maxim HealthCare Services, Inc- 00000618	Shelby	10-09-2007	6 (5)	155	173	275

Methodist Alliance Home Care-00000233	Shelby	07-01-1988	3 (3)	3179	3363	1653
Meritan Inc-00000237	Shelby	07-25-1977	1 (1)	609	632	652
No Place Like Home-00000611	Shelby	07-01-2005	3 (3)	58	80	80
Quality Home Health 00000224	Shelby	12-03-1981	6 (4)	79	204	291
Still Waters Home Health-00000616	Shelby	07-01-2006	1 (1)	101	71	58
Willowbrook Visiting Nurses-00000244	Shelby	05-12-1976	6 (4)	479	499	561
Elk Valley-00000042	Davidson	07-17-1984	ALL	277	293	457

\* show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the bracket

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

#### Home Health Need Formula in the Applicant's 5-County additional Service Area

County (A)	# Authorized Agencies (B)	2015 Pop (C)	Patients served (2015) (D)	Use Rate (Patient /1000 pop.) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Shelby	22	953,899	16,269	.0170552468	970,212	16,547	14,553	(1,994)
Tipton	1	66,234	1,172	.0176948395	69,239	1,225	1,039	(187)
Haywood	1	18,477	649	.0351247497	18,274	642	274	(368)
Madison	5	102,429	3,220	.0314364096	104,799	3295	1572	(1723)
Fayette	2	43,631	707	.0162040751	46,608	755	699	(56)
Total	31	1,184,670	22,017	.0185849224	1,209,132	22,471.6	18,137	(4,334.6)

C) Based on the revised need formula, please discuss why the applicant feels there is a need for an additional home health service agency at this time.

#### Please define and describe Intermittent and Private Duty services.

*Intermittent Nursing services are those services provided by an RN, LPN,*

*Therapist, Social worker or Aide under physician's orders which are usually no more than one (1) visit per day and for a maximum of up to two (2) hours per visit.*

*Private Duty Nursing Services are those skilled nursing and CNT services ordered by a physician in the home or community setting which are not to exceed eight (8) hours per visit and the combination of nursing and aide visits cannot exceed thirty-five hours (35) per week.*



### 9. Your Section C, Need, Item 4.A. and 4.B.

response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

Variable	Fayette	Haywood	Madison	Shelby	Tipton	Service Area	Tennessee
Current Year (2016), Age 0-17	9,670	4,386	24,762	247,503	16,904	303,225	1,570,687
Projected Year (2020), Age 0-17	10,014	4,178	25,201	252,312	17,157	308,862	1,614,001
Age 0-17, % Change	3.6%	-4.7%	1.8%	1.9%	1.5%	1.859%	2.8%
Age 0-17, % Total (PY)	20.6%	23.0%	23.7	25.7%	24.1%	4.34525%	22.7%
Current Year (2016), Age 18-64	34,967	14,024	78,472	711,858	50,346	889,667	5,241,318
Projected Year (2020), Age 18-64	38,496	13,950	81,151	728,710	54,039	916,319	5,494,030
Age 18-64, % Change	10.1%	-0.5%	3.4%	2.4%	7.3%	2.9957%	4.8%
Age 18-64, % Total (PY)	79.4%	77.0%	76.3%	74.3%	75.9%	12.8913%	77.3%
Current Year (2016), Age 65+	8,731	3,077	16,281	116,834	9,132	154,055	1,091,516
Projected Year (2020), Age 65+	11,171	3,644	18,943	135,234	11,044	180,036	1,266,295
Age 65+, % Change	27.9%	18.4%	16.4%	15.7%	20.9%	16.8647%	16.0%
Age 65+, % Total (PY)	23.0%	20.1%	17.8%	13.8%	15.5%	2.53285%	17.8%
CY, Total Population	44,637	18,410	103,234	959,361	67,250	1,192,892	6,812,005
PY, Total Population	48,510	18,128	106,352	981,022	71,196	1,225,208	7,108,031
Total Pop. % Change	8.676%	-1.53%	3.02%	2.2578%	5.867%	2.70904%	4.34565%
TennCare Enrollees	7,254	6,111	26,313	281,372	14,419	335,469	1,557,955
TennCare Enrollees as a % of Total Population	.10648%	.08970%	.38627%	4.13053%	.021167%	4.92467%	22.87072%
Median Age	41yrs	39.4yrs	37.3yrs	34.8yrs	36.6yrs	37.8yrs	38.6yrs
Median Household Income	\$55,623	\$33,922	\$42,069	\$46,213	\$53,133	\$46,192	\$44,621
Population % Below Poverty Level	14.7%	24.7%	20.9%	23%	15.4%	19.74%	16.7%

**What areas of the proposed service area are designated as an MUA by the United States Department of Health and Human Services?**

- Haywood, Madison, Shelby, and Tipton Counties are all designated as MUA according to the Health Resources and Services Administration Data Warehouse.

**Please describe any special needs of the service area population including health disparities, accessibility to services, women, racial and ethnic minorities, and low income groups. In your response, please document how the applicant will take into consideration the special needs of the service area population.**

- Premier will not discriminate in patient selection based on race, ethnicity, gender, or insurance source. Two of the proposed Service areas have a lower population % below poverty level than the state average. Premier will be accessible to low-income TennCare patients; 90% of the proposed payer mix will be TennCare. The service area population age 0-64, Premier's principle client age group, is growing by 4.5% by 2020.

## Section C, Need, Item 5—Private Duty Home Health

11:12 am

Please complete the following chart for all home health agencies providing services for the three most recent years available.

## Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker/Medical Social Services	Total All Disciplines (patient hours)
Elk Valley	769895	93395	0	0	86,3290
Home Care Solutions	191277	94617	** N/R no hrs reported	0	28,5894
NHC Home Care	**N/R	**N/R	**N/R	**	**
Where the Heart is	280	0	0	0	280
Extendicare Home Health of West TN	183	27	281	3	505
Accredo Health Group	**	**	**	**	**
Alere Women's and Children's	5461	0	0		5461
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	730	29,170	0	0	29,900
Coram /CVS	11	0	0	0	11
Family Home Health	**	**	**	**	**
Functional Independence	11382	0	0	0	11382
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	193,725	140,227	0	6,058	340,010
HomeChoice Health Services	11,792	30,356	0	10,001	52,149
Intrepid USA HeaathCare	**	**	**	**	**
Maxim HealthCare Services, Inc	264,266	111,040	0	0	375,306
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	451,132	20,416	0	0	471,548
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

\*\*Notes Agencies which do not report patient hours

N/S notes where agency did not specify discipline

N/R notes not reported

N/A notes no information available

**2<sup>nd</sup> Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area**

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	**	**	**	**	**
Home Care Solutions	180130	112680	0 hrs reported	0	292810
NHC Home Care	**	**	**	**	**
Where the Heart is	18441	10646	0	0	29087
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	**	**	**	**	0
Alere Women's and Children's	4556	0	0	0	4556
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	**	21215	**	64	21,379
Coram /CVS	0	0	0	14,976- N/S – No specification	14,976
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	180,130	112,680	0	6956	299,766
HomeChoice Health Services	16,943	85,623	0	5,685	108,251
Intrepid USA HeaathCare	**	**	**	**	**
Maxim HealthCare Services, Inc	199,789	83,983	0	2200	285,972
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	286,440	9,490	0	0	295,930
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

**\*\* Notes Agencies with no patient hours reported****N/S notes where agency did not specify discipline****N/R notes not reported****N/A not no information available**

**3<sup>rd</sup> Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area**

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	614887	114178	0		729065
Home Care Solutions	N/A	N/A	N/A		N/A
NHC Home Care	0 hrs – 5017 visits	0 hts-1260 visits	0hrs -1892 visits		8223 visits 0 hrs
Where the Heart is	90340	936		19448	110724
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	0	0	0	12	12hrsN/S
Alere Women's and Children's	4821	0	0	0	4821
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	4288	0	178	0	4466
Best Nurses Inc	23	4,397	0	0	4420
Coram /CVS	98	0	0	0	98
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R
Home Health Care of West Tennessee	191,277	94,617	0	6,977	292,871
HomeChoice Health Services	4,732	45,705	0	23,774	74,211
Intrepid USA HeaothCare	**	**	**	**	**
Maxim HealthCare Services, Inc	171,065	66,346	0	0	237,411
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	272,002	9,828	0	0	281,830
Quality Home Health/Extended	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**

**\*\* Notes agencies with no reported patient hours****N/S notes agency did not specify discipline****N/R notes not reported****N/A notes no information available**

Please breakdown the projected utilization by discipline using the following charts:

**Projected Private Duty Utilization by Discipline**

Discipline	Patients Year 1	Hours Year 1	Patients Year 2	Hours Year 2	Patient Ages 0-17	Patient Ages 18-64	Patient Ages 65-74	Patient Ages 75+
Skilled nursing	8	10,368	10	12,960				
Home health aide	2	3,360	6	10,080				
Medical social	0	0	0	0	0	0	0	0
Therapies (PT,OT,ST)	0	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0	
<b>Total</b>	<b>10</b>	<b>13,728</b>	<b>16</b>	<b>23,040</b>				

It is noted the applicant will project 16 patients in Year One. Please clarify how many of the 16 patients will fall in to the 0-17 age group and the 18-64 age group.

**Projected Intermittent Utilization by Discipline**

Discipline	Patients Year 1	Visits Year 1	Patients Year 2	Visits Year 2
Skilled nursing	4	746.7	6	1166.7
Home health aide	2	373.3	3	583.3
Medical social	0	0	0	
Therapies (PT,OT,ST)	0	0	0	
Other (specify)	0	0	0	
<b>Total</b>	<b>6</b>	<b>1120</b>	<b>9</b>	<b>1750</b>

**Year One Projected Patients**

Patient Ages 0-17	Patient Ages 18-64	Patient Ages 65-74	Patient Ages 75+
4	9	2	1

**12. Section C. Economic Feasibility Item 1 (Project Cost Chart)**

**Where has office furniture, fax machines, computers, etc. been accounted for on the Project Costs Chart?**

Premier has an established office with sufficient office furniture, fax machines and computers for the new project.

**13. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)****Historical Data Chart**

**The historical data chart for the applicant personal support services line of business is noted. However, please indicate the number of patients that were served in 2013-2015 on line A. Utilization Data. Please revise and resubmit the Historical Data Chart.**

- Please see revised Historical Data Sheet on following page.

**Why was there provision for bad debt of \$1,500 in Year 2015?**

This number represents donation of services in 2015

**What does the \$3,000 in Professional Fees consist of for the years 2013-2015?**

This number represents fees for Tax Professional and Bookkeeping services.

**Salaries and wages in the amount of \$87,200 in 2015 are noted. How many and what type full-time positions does this amount represent?**

This represents one full time director, 2 full time staff coordinators, and one part-time office personnel.

**14. Section C, Economic Feasibility, Item 5**

**Please identify the project's average gross charge, average deduction from operating revenue, and average net charge per patient using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project.**

- Please see updated Projected Data Chart for Year 1 and Year 2
- The Year One (2017) average gross charge is \$ 34,090.00; average deduction from operating revenue is \$33,902.00; the net charge per patient is (-\$1,775.38)
- The Year Two (2018) average gross charge is \$34,090.00; average deduction from operating revenue is \$33,970.00; the net charge per patient is \$5,632.63

*Please provide a response to question 6.A.*

**15. Section C. Economic Feasibility Item 6.A.**

**Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.**

-There aren't any current charges, being that Premier is a proposed agency. Premier's charges will not affect any other agency's or healthcare service provider's charges. Additionally, there will not be an impact on existing patient charges being that Premier is a proposed agency.

**16. Section C, Economic Feasibility, Item 6.B.**

**The key to agencies appear to not respond to the listed home health agencies listed in Table 20. Please revise and submit a replacement page.**

- Key to agencies has been revised. Please see attachment.

**Given the Medicaid revenue projections in this application, please also compare the charges to the current Medicaid allowable fee schedule.**

-Based upon information provided by BCBST provider service representative Medicaid's allowable fee schedule is based upon contractual agreement and level of care needed for patient. Provided in the table below is a base fee of Medicaid's allowable fee schedule compared to Premier's proposed charges.

*Compared charges to Medicaid allowable fee schedule*

	TennCare/Medicaid	Commercial	Premier HC
Skilled Nursing /visit	\$57.60	\$106.00	\$80.00
Skilled Nursing /hour	\$36.00/hr.	\$32/hr. adult \$36/hr. pediatric	\$38.00
HH Aide /visit	\$8.20/unit (Unit = 15mins)	\$67.62	\$27/visit
HH Aide /hour	\$22.12/hr.	\$18.00/hr. adult \$22.00/hr. pediatric	\$22.00/hr.

**Projected Data Chart**

- **The Projected Data Chart shows no Provision for Charity Care and/or Bad Debt. Please explain.**
  - Provisions for Bad Debt have been allocated on the Projected Data Chart.
- **Please clarify where the cost of Joint Accreditation is accounted for on the Projected Data Chart.**
  - The Projected Data Chart has been updated. Please see updated chart.
- **How are wages for a physician accounted for in the Projected Data Chart?**
  - There will be no physician on staff.
- **Please clarify if the applicant will purchase a medical electronic record keeping software program. If so, where is the cost accounted for in the Projected Data Chart?**
  - Premier shall purchase electronic record keeping software. The Projected Data Chart has been updated to reflect such cost.
- **Please clarify if provider Liability Insurance is accounted for in the Projected Data Chart.**
  - The Projected Data Chart has been updated to reflect the Liability Insurance expense.
- **Please clarify if vehicles, maintenance and mileage are accounted for in the Projected Data Chart.**
  -
- **Please clarify if the annual Home Health Licensure fee of \$1,080.00 is accounted for in the Projected Data Chart.**
  - Corrections were made to the Projected Data Chart to reflect the Home Health Licensure Fee of \$ 1,080.
- **Please provide an overview of the \$70,000 allocated to “administrative overhead” in Year One and Year Two.**
  - This represents management team
  - To include Administrator, Staff Coordinator, Recruiter, and Payroll Clerk.
- **Please explain the reason there is no allocation to taxes in 2017.**
  - Corrections are being made to reflect projected taxes in 2017
- **Please explain the reason there is depreciation of \$7,500 for computers, office equipment, and furniture while none is listed in the Project Costs Chart.**
  - Computers are not listed on Project Cost Chart because the computers, equipment and furniture are currently in place.



**17. Section C, Economic Feasibility, Item 7**

In addition, please clarify if home health patients in Year One and Year Two will be transferred from other home health agencies or will be new patients to home health.

- Premier projects our patients will be new patients to home health.

**18. Section C, Economic Feasibility, Item 8**

Please discuss how the applicant (being a start-up company) will achieve financial viability in Year One of the proposed project.

- After revised Projected Data Chart review, calculations revealed for 2017 Premier shall operate at a loss. In 2018 Premier shall prove to be a more profitable year.

If there is a major delay in the payment of claims in Year One, how will the applicant pay employees and sustain services to existing home health patients?

- Premier shall sustain services and pay employees by the already established revenue.

The applicant states Premier Health Care has operating reserves to carry the applicant through the start-up period. Please provide the operating reserve amount and how the reserve will shore up any shortfall in revenue.

- Premier has a reserve amount of \$45,000.00

**19. Section C, Economic Feasibility, Item 9**

The applicant is projecting one patient with commercial insurance in Year One. Please complete the following chart for Year One.

- The proposed project will serve TennCare/Medicaid patients. Its service to Medicare patients will be a single patient, to secure a Medicare provider number. The State requires providers to secure a Medicare provider number. Therefore; as explained Premier will have no actual NET revenue received from its Medicare patients. To clarify, Premier amended some entries in the table for practical purposes.

Payor	Gross Revenue	% of Total Revenues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay		0%
Total	\$545,440	100%

**Please clarify if the applicant will ever provide charity care.**

- Charity care is not feasible for this small agency, which in Year One will only serve 25 patients.

**20. Section C, Economic Feasibility, Item 10**

**Please provide audited financial statements. If not available, please provide financial information for the principal parties involved with the project.**

- Please see attached audited financial statement.

**21. Section C, Orderly Development, Item 3**

**Please clarify if there will be a Director of Nursing Position.**

- There will be a Director of Nursing Position.

**Please provide a copy of the professional credentials of the proposed medical director of the proposed program. If this physician is not already on board, please describe how the applicant intends to recruit the qualified medical director and other licensed staff members.**

- The medical director shall be the Director of Nursing. A copy of professional credentials is attached to the Supplemental Application.

**Has the applicant identified licensed practical nurses, home health aides, and registered nurses that will work below the medium average salaries in the region?**

-Premier's proposed salaries were derived from data provided by the Tennessee Labor and Workforce Development website. Salaries at Premier will begin at entry level and rise to medium average salaries.

**Please provide an overview of the Administrative Officer position and the reason why it is twice the salary of the RN supervisor position.**

- The Administrative officer is the position that describes our Medical Director/Director of Nursing

**Why is the RN supervisor position lower than the field registered nurse position?**

- The RN Supervisor Position will also be help by one of the field register nurses.

**22. Section C, Orderly Development, Item 7 (b)**

The applicant will seek accreditation from the Accreditation Commission for Health Care. Please provide an overview of this accreditation.

- Joint Commission Accreditation for Home Health will help the agency to provide the highest level of care possible. The process will begin with a collaborative meeting to learn how Premier envisions its business to be run. The Accreditation Commission's experienced, solutions-oriented surveyors will then assess our standard compliance using their "patient tracer" process to more clearly see our strengths and weaknesses in real time and under typical business conditions. Throughout the process they will share best practices and provide hands-on learning opportunities. The process is concluded by the Accreditation Commission providing Premier's leadership team with a thorough, objective assessment and practical strategies for ongoing performance improvement. Also, Premier will utilize the Accreditation Commission's Deemed Status Accreditation Surveys for Medicare Certification, which will help the agency achieve Medicare certification in addition to accreditation.

**23. Section C, Orderly Development, Item 7 (d)**

Please provide a copy of the latest licensure/certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business.

- A copy of the latest licensure / certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business is attached.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60<sup>th</sup>) day after written notification is October 17, 2016. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute

**CATONDRIA BROWN**

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2855 Stage Village Cove Suite #5  
Bartlett, Tennessee 38134  
(901) 334-8972

**Professional Experience**

Chief Financial Officer (CFO) Premier Health Care April 2008 – Present

At Premier Health Care, our staff provides services to clients with mental and physical disabilities. We provide special services to take care of our hospice patients as well as their families. As the Chief Financial Officer, all of the day to day office operations are coordinated through my office which includes and not limited to all patients and employees. This is to ensure that all needs are met during the day to day operations. We maintain the philosophy of quality costs and lost analysis.

Branch Manager Charterwest Mortgage 1998 – 2008

As Branch Manager, I was responsible for the daily operations of several Loan Officers, Clerical Associates, Closing Officers and a variety of many others to coordinate a smooth running office. Once the real estate market changed, the Charterwest Mortgage offices started closing.

Respiratory Department Baptist Hospital 1994 – 1995  
Internship

**Education**

Northwest Mississippi Community College	Graduate	1995
Associate Degree in Respiratory Therapy in Applied Science		
Denison University Granville, Ohio	Undergraduate	1 year
Central High School	Graduate	1985

**Special Skills and Training**

Licensure: Department of Development and Intellectual Disabilities  
Personal Care Support  
Person Support Services Agency

(Rule 1200-13-14-.01, continued)

(110) PRIOR AUTHORIZATION shall mean the process under which services, except in emergency situations, must be approved by the TennCare Bureau or the MCC prior to the delivery in order for such services to be covered by the TennCare program.

(111) PRIVATE DUTY NURSING SERVICES shall mean nursing services for recipients who require eight (8) or more hours of continuous skilled nursing care during a 24-hour period.

(a) A person who needs intermittent skilled nursing functions at specified intervals, but who does not require continuous skilled nursing care throughout the period between each interval, shall not be determined to need continuous skilled nursing care. Skilled nursing care is provided by a registered nurse or licensed practical nurse under the direction of the recipient's physician to the recipient and not to other household members. If there is more than one person in a household who is determined to require TennCare-reimbursed private duty nursing services, it is not necessary to have multiple nurses providing the services. A single nurse may provide services to multiple enrollees in the same home and during the same hours, as long as he can provide these services safely and appropriately to each enrollee.

(b) If it is determined by the MCO to be cost-effective, non-skilled services may be provided by a nurse rather than a home health aide. However, it is the total number of hours of skilled nursing services, not the number of hours that the nurse is in the home, that determines whether the nursing services are continuous or intermittent.

(c) Private duty nursing services are covered for adults aged 21 and older only when medically necessary to support the use of ventilator equipment or other life-sustaining medical technology when constant nursing supervision, visual assessment, and monitoring of both equipment and patient are required. For purposes of this rule, an adult is considered to be using ventilator equipment or other life-sustaining medical technology if he:

1. Is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula); or

2. Has a functioning tracheostomy:

(i) Requiring suctioning; and

(ii) Oxygen supplementation; and

(iii) Receiving nebulizer treatments or requiring the use of Cough Assist/ in-exsufflator devices; and

(iv) In addition, at least one subitem from each of the following items (I and II) must be met:

(I) Medication:

I. Receiving medication via a gastrostomy tube (G-tube); or

II. Receiving medication via a Peripherally Inserted Central Catheter (PICC) line or central port; and

(II) Nutrition:

Table 21: Medicare and TennCare / Medicaid / VA Revenues

PayorMix Year One(2017)	Gross Revenue	% of Total Revenues
Medicare/Commercial	\$10,908.80	2%
Medicaid/TennCare	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay	\$0.00	0%
Total	\$545,440	100%

AFFIDAVIT


STATE OF TENNESSEE

COUNTY OF Shelby

NAME OF FACILITY:

Premier Health Care, LLC

I, Catondria Brown, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 22<sup>nd</sup> day of Sept, 2016,  
witness my hand at office in the County of Shelby, State of Tennessee.

  
NOTARY PUBLIC

My commission expires Dec 10, 2016.

HF-0043

Revised 7/02



MY COMMISSION EXPIRES:  
December 10, 2016

# Coretta Jones

Memphis, TN  
cj4dst@bellsouth.net - 9018280477

Authorized to work in the US for any employer

## WORK EXPERIENCE

### **RN CVICU/Medical ICU/Neuro ICU**

St. Francis Hospital - Memphis, TN - January 1994 to Present

#### *Responsibilities*

Assessing patient's condition, planning and implementing patient care utilizing the nursing process. Assisting the physicians in performing procedures. Observing and recording accurate and precise charting. Pre and post operative teaching to patients and families. Act as a liaison between the patient, the patient's family and other healthcare professionals. Respect the values, belief and the rights of the patients. Critical think and act as a prudent nurse. Follow hospital protocols. Rapidly respond to emergency situations. Prepare, administer and records prescribed medications. Provide basic bedside care. Respond to life-saving situations based upon nursing standard and protocols.

#### *Accomplishments*

Develop educational posters for the staff. Shift resource nurse. Teach peers during annual skills lab. Super user for a variety of equipment such as CRRT machine, IABP, Ventriculostomy drain and etc. Achieving Clinical Excellence (ACE) Level 3 Clinical Mentor. Represent the floor during many community walks. Employee of the month several times. Preceptor for employees and students.

#### *Skills Used*

*I demonstrate multiple skills like leadership, organization, excellent and precise communication, critical thinker, decision-maker, team player, knowledge, proficient in starting IV's, troubleshooting equipment and etc, charge 40 bed unit. BLS, ACLS and ASLS certified.*

### **RN Staff**

St. Francis Hospital - 1994 to Present

## EDUCATION

### **Diploma of Nursing in Registered Nursing**

Baptist School of Nursing - Little Rock, AR  
1991 to 1993

### **Presently Pursuing BSN**

Western Governors University

## CERTIFICATIONS

### **Basic Life Support (BLS)**

August 2015 to August 2017

### **ACLS**

February 2016 to February 2018



**ASLC Advanced Stroke Life Support**  
May 2016 to May 2017

# Supplemental #2 -COPY-

Premier Health Care, LLC

CN1608-027



**Health Services and Development Agency 12:19 pm**

Andrew Jackson Building, 9<sup>th</sup> Floor, 502 Deaderick Street, Nashville, TN

37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364/Fax:615/532-9940

October 10, 2016

Catondria Brown  
Chief Financial Officer  
Premier Health Care, LLC  
2855 Stage Village Cove, Suite #5  
Bartlett, TN 38134

RE: Certificate of Need Application CN1608-027  
Premier Health Care, LLC

Dear Ms. Brown,

This will acknowledge our September 28, 2016 receipt of your application for a Certificate of Need for the establishment of a home care organization and the initiation of home health services in Fayette, Haywood, Madison, Shelby, and Tipton Counties. The principal office will be located at 2855 Stage Village Cove, Suite #5, Bartlett (Shelby County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 p.m., Monday, October 10, 2016. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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**1. Section B, Project Description, Item I**

It is noted Premier obtained a license with the Department of Intellectual and Developmental Disabilities to provide nursing care, physical therapy, occupational therapy, and speech therapy. However, a search of the Department of Intellectual and Developmental Disabilities' licensure web-site could not find a license for Premier. Please provide a copy of the referenced license, an overview of services provided, and latest survey. In addition, is this line of business included in the Historical Data Chart included in Supplemental #1?

- Premier does not currently hold a license with the Department of Intellectual and Developmental Disabilities. License was held in 2015 for nursing services.

## **2. Section B, Project Description, Item II.C**

The applicant states TennCare enrollment of 28% is based on the demographics of the population. Please provide the computations, data source, and how TennCare numbers can be higher than the actual enrollment.

- There are 335,469 TennCare enrollees in the proposed service area. The total population of the proposed service area is 1,192,892 people. TennCare enrollment in the proposed service area, based on these numbers, is 28% of the total proposed service area population.
- There are 335,469 TennCare enrollees in the proposed service area and 1,557,955 TennCare enrollees in the state of Tennessee. Based on this information the TennCare enrollment is 21.5% in the proposed service area compared to number of enrollees in all counties of Tennessee.

Data obtained from "TennCare enrollment Report July 2016 and report form the Division of Planning and Assessment: Population Projections 2016

## **3. Section C, Need, Item 1.**

It is noted the applicant solicited letters of support from physicians but could not obtain support letters due to busy schedules. The applicant did speak to a provider's office staff who expressed the need of an agency that could provide care quickly and efficiently. Please provide the name and location of the provider that applicant spoke with and if a support letter may be obtained.

- The provider's office was Boston Baskin Cancer Group; 29969 Kate Bond Rd., Suite # 100, Memphis, TN. 38133. Premier has not been able to obtain a support letter.

## **4. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services)**

It is noted the applicant did not provide a total as requested for the following table. Please revise and provide a total for the bottom row.

**Existing Licensed HHA  
S & Their Utilization serving the 5-County Declared Service Area**

Agency (license #)	County of Parent Office	Date Licensed	Total Counties authorized in license (# counties in PSA) *	2013 JAR Total patients served	2014 JAR Total patients served	2015 JAR Total Patients Served
Home Care Solutions- 00000056	Davidson	09-28-1988	ALL	1930	1689	1813
NHC Home Care- 00000291	Fayette	06-06-1983	8 (5)	226	301	421
Where the Heart is	Fayette	08-10-2005	3 (3)	116	104	1,044
Extencicare Home Health of West TN	Madison	06-18-1984	21 (5)	1085	832	1196
Accredo Health Group- 00000347	Shelby	05-09-1997	6 (4)	20	21	23
Alere Women's and Children's 00000459	Shelby	12-21-1998	23 (5)	417	376	438
Amedisys - 00000239	Shelby	06-03-1982	3 (3)	1060	1070	948
Amedisys Home Health -00000238	Shelby	2-29-1984	4(3)	936	837	737
Amedisys TN - 00000215	Shelby	04-24-1984	3 (3)	1934	1856	554
Americare Home Health-00000216	Shelby	01-24-1984	2 (2)	1811	1295	828
Baptist Trinity- 00000241	Shelby	06-26-1984	8 (3)	3862	3236	3169
Baptist Trinity Pv- 00000242	Shelby	09-06-1983	5 (4)	1	1	1
Best Nurses Inc- 00000621	Shelby	07-01-2008	3 (3)	364	176	9
CareAll HomeCare	Haywood	2014	14 (4)	N/A	N/A	786
Coram /CVS-00000627	Shelby	2015	25 (5)	N/A	N/A	4
Family Home Health- 00000229	Shelby	03-10-1977	2 (2)	379	428	504
Functional Independence- 00000610	Shelby	08-13-2004	3 (3)	953	1494	1915
Hemophilia Preferred Care-00000625	Shelby	07-29-2015	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee- 00000227	Shelby	05-02-1984	4 (3)	1010	754	577
HomeChoice Health Services-00000240	Shelby	03-05-1984	6 (4)	861	3201	2372
Interim HealthCare	Shelby		3 (3)	769	724	N/A
Intrepid USA HealthCare-00000214	Shelby	10-09-2007	3 (3)	605	522	565
Maxim HealthCare Services, Inc-00000618	Shelby	10-09-2007	6 (5)	155	173	275
Methodist Alliance Home Care-00000233	Shelby	07-01-1988	3 (3)	3179	3363	1653

Meritan Inc-00000237	Shelby	07-25-1977	1 (1)	609	632	652
No Place Like Home-00000611	Shelby	07-01-2005	3 (3)	58	80	80
Quality Home Health 00000224	Shelby	12-03-1981	6 (4)	79	204	291
Still Waters Home Health-00000616	Shelby	07-01-2006	1 (1)	101	71	58
Willowbrook Visiting Nurses-00000244	Shelby	05-12-1976	6 (4)	479	499	561
Elk Valley-00000042	Davidson	07-17-1984	ALL	277	293	457
Total - 30				23,276	24,232	21,931

\* show the # of all counties for each HHA. The # of counties in the applicant's primary service area (PSA) should be shown separately in the bracket

**Based on the need formula where there is a surplus of 4,334.6 patients, please discuss why the applicant feels there is a need for an additional home health service agency at this time.**

- Premier's availability in the proposed service area will improve patient's accessibility to specialized home care. Although the projections of need for this project for CON purposes a surplus, the perceptions of local skilled nurses and other professionals who are aware of patient access issues on a daily basis should be given great consideration. This project will provide a new option and expanded access of skilled care for TennCare patients and pediatric patients with complex medical conditions

##### 5. Section C, Need, Item 4.A. and 4.B.

Your response to the following item is noted. The TennCare Enrollees as a % of total population appears to be incorrect for each of the proposed service area counties. For example the percentage of TennCare enrollees as a % of total in Fayette County equals 20.7% (2016 population of 34,967/7254 TennCare enrollees). Please complete the following portion of the table.

Variable	Fayette	Haywood	Madison	Shelby	Tipton	Service Area	Tennessee
TennCare Enrollees as a % of Total Population	16.25%	33.19%	25.48%	29.32%	21.44 %	28.12%	22.87%

<b>Service Area</b>					
<b>HHA</b>	<b>Skilled Nursing (patients/hours)</b>	<b>Home health aide (patients/hours)</b>	<b>Licensed PT,OT and Speech Therapy (patients/hours)</b>	<b>Other (specify)</b>	<b>Total-all Disciplines (patients/hours)</b>
<b>Total</b>					

**Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area**

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker/Medical Social Services	Total All Disciplines (patient hours)
Elk Valley	769,895	93,395	0	0	863,290
Home Care Solutions	191,277	94,617	** N/R no hrs reported	0	285,894
NHC Home Care	**N/R	**N/R	**N/R	**	**
Where the Heart is	280	0	0	0	280
Extendicare Home Health of West TN	183	27	281	3	505
Accredo Health Group	**	**	**	**	**
Alere Women's and Children's	5461	0	0		5461
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	730	29,170	0	0	29,900
Coram /CVS	11	0	0	0	11
Family Home Health	**	**	**	**	**
Functional Independence	11,382	0	0	0	11,382
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	193,725	140,227	0	6,058	340,010
HomeChoice Health Services	11,792	30,356	0	10,001	52,149
Intrepid USA HeaathCare	**	**	**	**	**
Maxim HealthCare Services, Inc	264,266	111,040	0	0	375,306
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	451,132	20,416	0	0	471,548
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**
Total: 27	1,900,134	519,248	281	16,062	2,435,736



**2<sup>nd</sup> Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area**

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	**	**	**	**	**
Home Care Solutions	180,130	112,680	0 hrs reported	0	292,810
NHC Home Care	**	**	**	**	**
Where the Heart is	18,441	10,646	0	0	29,087
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	**	**	**	**	0
Alere Women's and Children's	4556	0	0	0	4556
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	**	**	**	**	**
Best Nurses Inc	**	21,215	**	64	21,379
Coram /CVS	0	0	0	14,976- N/S – No specification	14,976
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/A	N/A	N/A	N/A	N/A
Home Health Care of West Tennessee	180,130	112,680	0	6,956	299,766
HomeChoice Health Services	16,943	85,623	0	5,685	108,251
Intrepid USA HeaathCare	**	**	**	**	**
Maxim HealthCare Services, Inc	199,789	83,983	0	2,200	285,972
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	286,440	9,490	0	0	295,930
Quality Home Health/Extended Care	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**
Total	886,429	436,317	0	29,817	1,352,727

\*\* Notes Agencies with no patient hours reported  
N/S notes where agency did not specify discipline  
N/R notes not reported, N/A not no information available

**3<sup>rd</sup> Most Recent Private Duty Utilization by HHA and Clinical Discipline in the Proposed Service Area**

HHA	Skilled Nursing (Patient/Hours)	HHAide Patient Hours	Licensed PT, OT Speech Therapy Patient/hours	Other (Specify) Homemaker	Total All Disciplines (patient hours)
Elk Valley	614,887	114,178	0		729,065
Home Care Solutions	N/A	N/A	N/A		N/A
NHC Home Care	0 hrs - 5017 visits	0 hts-1260 visits	0hrs -1892 visits		8223 visits 0 hrs
Where the Heart is	90,340	936		19,448	110,724
Extendicare Home Health of West TN	**	**	**	**	**
Accredo Health Group	0	0	0	12	12hrsN/S
Alere Women's and Children's	4821	0	0	0	4821
Amedisys - 146	**	**	**	**	**
Amedisys Home Health -246	**	**	**	**	**
Amedisys TN - 386	**	**	**	**	**
Americare Home Health	**	**	**	**	**
Baptist Trinity-276	**	**	**	**	**
Baptist Trinity Pv-446	4288	0	178	0	4466
Best Nurses Inc	23	4,397	0	0	4420
Coram /CVS	98	0	0	0	98
Family Home Health	**	**	**	**	**
Functional Independence	**	**	**	**	**
Hemophilia Preferred Care	N/R	N/R	N/R	N/R	N/R
Home Health Care of West Tennessee	191,277	94,617	0	6,977	292,871
HomeChoice Health Services	4,732	45,705	0	23,774	74,211
Intrepid USA HeaathCare	**	**	**	**	**
Maxim HealthCare Services, Inc	171,065	66,346	0	0	237,411
Methodist Alliance Home Care	**	**	**	**	**
No Place Like Home	272,002	9,828	0	0	281,830
Quality Home Health/Extended	**	**	**	**	**
Still Waters Home Health	**	**	**	**	**
Willowbrook Visiting Nurses	**	**	**	**	**
Total - 27	1,355,810	336,007	178	50,211	1,739,917

\*\* Notes agencies with no reported patient hours  
N/S notes agency did not specify discipline  
N/R notes not reported  
N/A notes no information available

**7. Section C, Need, Item 6**

**Please provide the details regarding the methodology used to project 16 patients during the first year of operation and 25 patients during the second year of operation. The methodology must include detailed calculations or documentation from referral sources.**

- There are currently 335,469 TennCare enrollees in the projected service area. Due to the Affordable Care Act we feel there may be an increase in the number of enrollees. There is no specific open enrollment date and TennCare will accept applications all year; therefore, there is no fear for enrollees applications being voided due to closed enrollment.
- There was a 7% increase in TennCare enrollment in the projected service area from July 2015 to July 2016. In the projected service area there was an increase of 22,082 enrollees from July 2015 to July 2016. Using this data from the TennCare enrollment reports, Premier's methodology includes provision for a 7% increase in TennCare enrollees from July 2016 to July 2017. 335,469 enrollees x 7% increase would mean an increase of 23,482 enrollees (which would total 358,951 projected enrollees in the proposed service area). Premier's projected patients for first year of operation is less than 1% of the increased number of enrollees in the service area. In year two the same methodology was used. 358,951 projected enrollees x 7% projected increase would mean an increase of 25,126 enrollees in the projected service area.

**-Please explain why the applicant is projecting a commercial payor mix of 10% in Year Two, but not in Year One.**

-The projections have been updated to reflect a commercial payor mix in Year One.

**8. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)**

**Historical Data Chart**

**The historical data indicating the number of patients that were served in 2013-2015 on line A. Utilization Data is noted. The number of patients served in 2015 by the applicant matches the number projected in Year 2 of the proposed project. How many patients the applicant serves as their personal care services provider does the applicant expect to serve in Year One as a home health provider?**

- The number of patients Premier served as a Personal Care Services provider matches the number projected in year one of the proposed project. Premier projects to serve at least 50% of its personal care service patients as their home health provider in Year One.

**It is noted the Salaries and wages in the amount of \$87,200 represented a full time director, 2 full time staff coordinators, and a part-time office worker. Please clarify what positions provided patient services for the Personal Services Agency.**

- Home Health Aides provided patient services and RN's performed supervisory visits.

### Projected Data Chart

- Please clarify if vehicles, maintenance and mileage are accounted for in the Projected Data Chart.
- 
- Vehicle, maintenance and mileage are not accounted for.

It is noted \$70,000 is allocated to “administrative overhead” in Year One and Year Two is allocated to an Administrator, Staff Coordinator, Recruiter, and Payroll Clerk. However, please clarify the reason this expense is not accounted in salaries and wages line in the Projected Data Chart.

- This line (Fees to Affiliates / Administrative Overhead) is used to show additional fees outside of patient care staff that may be incurred by management as the company expands and grows.
- It appears total operating expenses total \$570,846 in Year 2017, not \$570,946. Please correct and also correct the Net Operating Income amount as a result of the total operating expense line correction.
- Please see the attached correction.

### 9. Section C, Economic Feasibility, Item 5

Your response is noted. Please complete the following table identifying the project’s gross charge, average deduction from operating revenue, and average net charge per patient day. The applicant should divide the total patient days in Year One of the Projected Data Chart into the total gross charges, deductions from operating revenue total, and total net charges to calculate the charges.

	Year One	Year Two
Average Gross Charge (Gross charges/total patients)	$\$545,440/16 = \$34,090$	$\$852,250/25 = \$34,090$
Average Deduction (Total Deductions/total patients)	$\$3,000 / 16 = \$187.5$	$\$3,000 / 25 = \$120.00$
Average net Charge Total Net Operating Revenue/total patients)	$\$542,440/16 = \$33,902.5$	$\$849,250/25 = \$33,970$

**10. Section C, Economic Feasibility, Item 6.B.**

The key to agencies appear to not respond to the listed home health agencies listed in Table 20. Please revise and submit a replacement page.

- Please see replacement page attached.

**11. Section C, Economic Feasibility, Item 8**

It is noted the applicant has \$45,000 in reserves to shore up any shortfall in revenue. It is also noted the applicant will experience a loss of \$28,406 in Year One. Please discuss how the reserve will cover expenses and any unexpected expenses in the beginning of Year 2.

Please provide documentation from a financial institution of the availability of \$45,000 in reserves.

- Unable to get letter from financial institution with a balance on it. It is First Tennessee's policy not to release letters concerning their customer's accounts. The policy is such that customers must an order for a letter to be received by their account holders to show proof that a customer does in fact have an account with their financial institution but they expressed that there will be no reflection of balances referenced in such letter.

**12. Section C, Economic Feasibility, Item 9**

It is noted the applicant will not provide charity care and will serve 25 patients in year One. However, the Projected Data Chart reflects 16 patients will be served in Year One. Please clarify.

- Premier has projected to serve 16 patients in Year One and 25 patients in Year Two. Updated Projected Data Chart reflects projections.

**13. Section C, Economic Feasibility, Item 10**

The referenced audited financial statements could not be found. Please provide as an attachment to this supplemental response.

- Please see attached Audited Financial Statement

**14. Section C, Orderly Development, Item 4**

Please provide a copy of all licenses for Premier Health Care.

- Please see attached Personal Care Support Services License.

**15. Section C, Orderly Development, Item 7 (d)**

Please provide a copy of the latest licensure/certification inspection with an approved plan of correction for the applicant's Personal Support Care Services line of business.

- The State of Tennessee no longer provides a copy of the approved plan of corrections according to Henrietta Jones, West TN Licensure Surveyor. A letter has been requested by Premier to support approval of plan of corrections.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60<sup>th</sup>) day after written notification is October 17, 2016. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip M. Earhart  
HSD Examiner

PME

**C.1. – NEED**

6. The proposed charges shall be reasonable in comparison to the charges of other similar facilities in the proposed service area or in adjoining service areas.

a. The average cost per visit by service category shall be listed.

**Table: 7 Cost & Charge Comparisons With Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016-2017	\$47	\$17	\$80	\$27	\$31.50	\$11	\$38	\$22

*Source: 2015 Joint Annual Reports; and Premier management*

• **Key to Agencies**

1. Elk Valley Health Services – Davidson; ID 19494
2. Where The Heart Is - Fayette; ID 24036
3. Functional Independence – Shelby; ID79496
4. Home Health Care of West Tennessee, Inc. – Shelby; ID79486
5. Homechoice Health Services – Shelby; ID 793676
6. Maxim Health Care Service – Shelby; ID 79536
7. No Place Like Home – Shelby; ID 79506



VERB: The Ultimate Action Word  
3125 Monterrey Square  
Memphis, Tennessee 38111

#### Audited Report

To the Director of: Premier Health Care

We have audited the accompanying financial statement of Premier Health Care which is comprised of a financial statement year ending December 31, 2015.

Our audit was also conducted in accordance with generally accepted auditing principles. These standards require that the audit be planned and conducted so as to provide a reasonable degree of certainty that there are no major inaccuracies in this report on costs. The audit includes review of documents contained in this report.

As is the case in many organizations of this kind, Premier Health Care's income was a review of the deposits reported in the books. In our opinion, this audited report faithfully reflects every major respect the accumulated costs Premier Health Care financials during the period of 2015 in accordance with general accepted accounting principles.



Vernola Buchanan

VERB: The Ultimate Action Word  
September 19, 2016

**FINANCIAL STATEMENT**  
Year Ending December 31, 2015

Revenue	\$370,000
<b>TOTAL REVENUE</b>	<b>\$370,000</b>
Expenses	
Salaries and Wages	\$87,200
Supplies	\$8,000
Liability Insurance and Workman Compensation Insurance	\$9,516
Taxes	\$9,721
License Fee	\$1,080
Advertising	\$5,500
Furniture and Equipment	\$3,900
Rent	\$8,400
Telephone, Internet and Mobile phones	\$4,500
Healthcare Fair, Testing, Classes	\$3,000
Bad Debt	\$1,500
Professional Fees	\$3,000
<b>TOTAL OPERATING EXPENSES</b>	<b>\$145,317</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>\$224,683</b>



October 17, 2016,

To Whom It May Concern,

Premier Health Care LLC, was inspected by the TDMHSAS Office of Licensure on July 28, 2016. At the time of inspection there were four (4) deficiencies noted related to documentation. As of August 10, 2016 Premier Health Care has submitted their plan of correction and it has been approved. The license for Premier Health Care is set to expire 10/31/2016. Before the end of the month that license will be renewed in full with the department.

If you need any additional information please do not hesitate to contact me.

Thank You,

A handwritten signature in cursive script that reads "Nicole Rivers".

Nicole Rivers- Regional Manager

TDMHSAS Office of Licensure

951 Court Ave

Memphis TN 38103



175

October 11, 2016  
12:19 pm

STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
West Tennessee Regional Office of Licensure  
951 Court Avenue  
MEMPHIS, TENNESSEE 38103

BILL HASLAM  
GOVERNOR

R. DOUGLAS HARNEY  
COMMISSIONER

**LICENSURE NOTICE OF NON-COMPLIANCE**

TO: Premier Health Care LLC  
2843 Stage Center Drive  
Bartlett, TN 38134

DATE OF NOTICE:  
July 29, 2016  
Page 1 of 3

FACILITY IN NON-COMPLIANCE:  
Premier Health Care  
2843 Stage Center Drive, Suite #4  
Bartlett, TN 38134

Plan of Compliance due by: 8/12/16

Site ID: 1939

EVENT & DATE RESULTING  
IN THIS NOTICE:  
Annual Inspection  
July 28, 2016

**NOTICE TO LICENSEE:** The facility above has been found to be non-compliant with the rule(s) listed herein. You must provide a plan for complying with each rule cited. Your plan of compliance may be specified in the space provided below or by separate document. If a separate document, your plan should reference each rule by item or rule number, must include the date by which you will be compliant, and an authorizing signature. Your plan must be received by the TDMHSAS regional office listed above by the date indicated herein.

PLEASE RETAIN A COPY OF YOUR PLAN OF COMPLIANCE UPON SUBMISSION  
IT WILL NOT BE RETURNED TO YOU BY THIS OFFICE

Re-inspection may be conducted to verify compliance. With re-inspection, you will incur a \$50 re-inspection fee.

~~YOUR PLAN OF COMPLIANCE MUST BE RETURNED NO LATER THAN AUGUST 12, 2016~~

Item Rule Number Rule Description & Findings

event ID: 9.563

**0940-5-38 Personal Support Services Agencies**

**0940-5-38-05 GOVERNANCE REQUIREMENTS**

0940-5-38-05(3) The licensee shall exercise general direction over the agency and establish policies governing the operation of the agency and the welfare of service recipients.

The agency's policy stated the supervisor would document bi-monthly visit to service recipients homes. At the time of inspection there was no documentation to support the visits were being done.

Licensee's Planned Date of Completion: 08/10/16  
Licensee's Plan of Compliance (use a separate page if more space is needed):

Please see attached page for correction plans.

**0940-5-38-06 Policies and Procedures**

The licensee shall maintain written policies and procedures that include the following:

0940-5-38-06(1)(k) Access by department licensure staff to personal support services workers to discuss investigation of any service provided under this chapter;

The policy and procedure manual did not include a policy stating the agency would give access by department licensure staff to personal support services workers to discuss investigation of any service provided under this chapter.

Licensee's Planned Date of Completion: 08/10/16

Please see attached page for correction plans

Phone: (901)543-7442 Fax: (844)844-5538

October 11, 2016

Item Rule Number Rule Description &amp; Findings

## 0940-5-38 Personal Support Services Agencies

12:19 pm

Licensee's Plan of Compliance (use a separate page if more space is needed):

The licensee shall maintain written policies and procedures that include the following:  
 0940-5-38-.05(1)(n) Policies to address use of devices such as a hoist lift or gait belt, after training, to assist the service recipient in getting out of or into bed, a chair, toilet or shower but not as part of a therapeutic regimen.

- 3 Licensee did not have a policy addressing the use and training of a hoist lift or gait belt.

Licensee's Planned Date of Completion: 08/17/2016

4.740

Licensee's Plan of Compliance (use a separate page if more space is needed):

Please see attached page for correction plans

## 0940-5-38-.10 SERVICE RECIPIENT RIGHTS

The following rights shall be afforded to all individuals receiving personal support services from the licensee:

0940-5-38-.10(1)(a) Service recipients have the right to be fully informed before the initiation of services about their rights and responsibilities and about any limitation on these rights imposed by the rules of the licensee. The licensee shall ensure that the service recipient is given oral and/or written rights information that includes at least the following:

1. A statement of the specific rights guaranteed the service recipient by these rules and applicable state laws;
2. A description of the licensee's grievance procedures;
3. A listing of available advocacy services; and
4. A copy of all agency rules and regulations pertinent to a service recipient. The information shall be presented in a manner that promotes understanding by a service recipient of his or her rights, and the individual shall be given an opportunity to ask questions about the information. If a service recipient is unable to understand the information at the time of admission to service but later becomes able to do so, the information shall be presented to a service recipient at that time. If a service recipient is likely to continue indefinitely to be unable to understand the information, the licensee shall promptly attempt to provide the required information to a guardian or other appropriate person or an agency responsible for protecting a service recipient's rights.

- 4 (2) To ensure all service recipients are informed of the grievance procedure and the right to file a grievance with the Office of Licensure the agency requires service recipients to sign a copy of the Licensure 1-800 posture. In the record of T. Watkins there was no signed posture indicating he was made aware of the right to file a grievance with the Office of Licensure.

Licensee's Planned Date of Completion: 08/17/2016

2.950

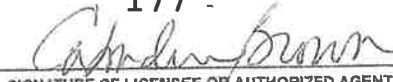
Licensee's Plan of Compliance (use a separate page if more space is needed):

Please see attached page for correction plans

Please contact me if you have questions.

Henrietta Jones  
West Tennessee Surveyor

177 -



SIGNATURE OF LICENSEE OR AUTHORIZED AGENT

October 11, 2016

08/10/2016 12:19 pm

DATE OF SIGNATURE

**NOTICE TO LICENSEE:** Please note that the finding of deficiencies herein may subject you to Department issued civil penalties, pursuant to Tenn. Code Ann. § 33-2-409. Civil penalties are issued based off of the severity of the violation(s) or the repeat offense of such violation(s). A department representative will contact you, pursuant to Tenn. Code Ann. § 33-2-411, if you are subject to such a sanction.

PREMIER HEALTH CARE, LLC  
2855 STAGE VILLAGE COVE, SUITE # 5  
BARTLETT, TN. 38134

**PLAN OF CORRECTION FOR NON-COMPLIANCE**

1. Premier Health Care has written policy that agency shall document monthly supervisory calls to service recipient's homes. 08-10-2016
  2. The Policy and Procedure Manual shall state that Premier shall give access to Department Licensure Staff to personal support services workers to discuss investigation of any service provided under this chapter. 08-10-2016
  3. Premier shall have policy addressing the training and use of a hoist lift or gait belt. 08-10-2016
  4. Premier shall ensure all service recipients are informed of the grievance procedure and the right to file a grievance with the Office of Licensure. Premier shall require service recipients to sign a copy of the licensure 1-800 posture. Tomeka Watkins' file shall have a signed posture indicating she was made aware of the right to file a grievance with the Office of Licensure. 08-10-2016
-

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF ShelbyNAME OF FACILITY: Premier Health Care, LLC

I, Catondria Brown, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

[Signature]  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 10<sup>th</sup> day of Oct, 2016,  
witness my hand at office in the County of Shelby, State of Tennessee.

[Signature]  
NOTARY PUBLIC

My commission expires Dec 10, (2016), 2016.

HF-0043

Revised 7/02







10/07/2016

Catondria Brown  
Premier Healthcare LLC  
2855 Stage Village Cv Suite #5  
Bartlett, TN 38134

Re: Acct 0238406853

Dear Ms. Brown:

Thank you for banking with Regions. We hope we make it evident each time you stop by one of our branches that we consider you more than just a checking customer. At Regions, we think you deserve to expect more. That's why every time you visit us, it is our goal to see that you receive the face-to-face personal attention you deserve in a banking relationship.

As your priorities and financial needs change, you want to know that the quality and dependability of your bank remain the same. When it's time to buy a home, finance a college education, start a new business, or review your investment decisions, you will have a banking relationship to build upon, and people you know and trust to help you. At the Bartlett Branch, we are here to answer questions, explain services and help you feel good about your financial decisions.

Again, thank you as always for choosing Regions, and I look forward to seeing you soon.

Sincerely,

Jordan Hewitt  
Branch Team Leader

Member FDIC.

# Supplemental #3 -COPY-

Premier HealthCare, LLC

CN1608-027



**Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor, 502 Deaderick Street, Nashville, TN  
37243

**www.tn.gov/hsda** Phone: 615-741-2364/Fax:615/532-9940

October 13, 2016

Catondria Brown  
Chief Financial Officer  
Premier Health Care, LLC  
2855 Stage Village Cove, Suite #5  
Bartlett, TN 38134

RE: Certificate of Need Application CN1608-027  
Premier Health Care, LLC

Dear Ms. Brown,

This will acknowledge our October 11, 2016 receipt of your supplemental response for a Certificate of Need for the establishment of a home care organization and the initiation of home health services in Fayette, Haywood, Madison, Shelby, and Tipton Counties. The principal office will be located at 2855 Stage Village Cove, Suite #5, Bartlett (Shelby County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

**Please submit responses in triplicate by 2:00 p.m., Monday, October 17, 2016.** If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

**1. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)**

**Historical Data Chart**

**It is noted home health aides provided patient services and RN's performed supervisory visits. However, it appears the salaries and wages for these positions were not included in the Historical Data Chart since the \$87,200 allocated represented a full-time director, 2 full-time staff coordinators, and a part-time office worker. If applicable, please add to the historical data chart the home health aides and RN's that provided direct care services and submit a revised Historical Data Chart.**

- The Historical Data Chart has revised. Please note the RN's are part-time. RN's provide supervisory assessments and company satisfaction assessments. Please see attachment.

**Please include any applicable vehicle, maintenance, and mileage expense in the Historical Data Chart and include in the revised Historical Data Chart.**

- Applicable vehicle, maintenance, and mileage expenses are included in the revised Historical Data Chart. Please see attachment.

### **Projected Data Chart**

**It is noted vehicle, maintenance, and mileage are not accounted in the Projected Data Chart. Please allocate vehicles, maintenance and mileage expenses in the Projected Data Chart since these expenses are associated with the proposed project. Please submit a revised Projected Data Chart.**

- Applicable vehicle, maintenance, and mileage expenses are included in the revised Projected Data Chart. Please see attachment.

## **2. Section C, Economic Feasibility, Item 8**

**It is noted the applicant has \$45,000 in reserves to shore up any shortfall in revenue. It is also noted the applicant will experience a loss of \$28,406 in Year One. Please discuss how the remaining reserve equaling \$16,594.00 will cover expenses and any unexpected expenses in the beginning of Year 2.**

- The remaining reserves in addition to funds that shall be added to the reserves as the company experiences gains in net operating income shall cover expenses and any unexpected expenses in the beginning of Year 2.

**Please provide statements from a financial institution of the availability of \$45,000 in reserves. Please darken all areas that may include personal information and bank account and routing numbers.**

- A statement has been attached.

## **3. Section C, Economic Feasibility, Item 10**

**The referenced audited financial statements from Vernola Buchanan of the company "Verb: The Ultimate Action Word" is noted. However, a review of the Tennessee Secretary of State web-site indicates "Verb The Ultimate Action Word Corporation" is "Inactive-Dissolved" as of August 9, 2011. Please clarify if this organization is a registered entity with the Tennessee Secretary of State and provide a brief overview of their services.**

- The company is not registered with the Tennessee Secretary of State. The company provides accounting and bookkeeping services as well as tax preparation.

It is noted Vernola Buchanan is the representative of "Verb: The Ultimate Action Word". However, please indicate and discuss the representative's credentials to conduct a financial audit.

- Vernola Buchanan has more than twenty - four years of experience in accounting and bookkeeping and tax preparation. She has associate degrees in quality planning and cost analysis. Her work experience along with educational background qualifies her to conduct a financial audit.

Please indicate if home health aides provided patient services and RN's that performed supervisory visits and vehicles, maintenance and mileage expense are included in the Financial Statement provided by "Verb: The Ultimate Action Word".

- The above mentioned expenses were not included in the Financial Statement provided. Please see the Revised Financial Statement attached which includes the expenses mentioned above.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60<sup>th</sup>) day after written notification is October 17, 2016. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip M. Earhart  
HSD Examiner

PME

Cycle 053  
Enclosures 06  
Page 0  
1 of 1

**PLATINUM RELATIONSHIP MONEY MARKET**

August 16, 2016 through September 14, 2016

**SUMMARY**

Beginning Balance	\$45,664.89	Minimum Balance	\$45,664
Deposits & Credits	\$0.00 +	Average Balance	\$45,664
Net Interest Earned	\$1.87 +	Annual Percentage Yield Earned	0.05%
Withdrawals	\$0.00 -	Interest This Period	\$1.87
Fees	\$0.00 -	Average Collected Balance	\$45,664.89
Automatic Transfers	\$0.00 +	2016 YTD Interest	\$4.78
Checks	\$0.00 -		
Ending Balance	\$45,666.76		

**INTEREST**

09/14 Interest Payment

1.87

**Total For This  
Statement Period****Total Calendar  
Year-to-Date**

Total Overdraft Fees (may include waived fees)	0.00	0.00
Total Returned Item Fees (may include waived fees)	0.00	0.00

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
09/14	45,666.76				

You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4867)  
or visit us on the Internet at [www.regions.com](http://www.regions.com) (TTY/TDD 1-800-374-6791).

Thank You For Banking With Regions!

**FINANCIAL STATEMENT**  
Year Ending December 31, 2015

Revenue	\$370,000
<b>TOTAL REVENUE</b>	<b>\$370,000</b>
Expenses	
RN's and Healthaides	\$135,692
Salaries and Wages	\$87,200
Supplies	\$8,000
Liability Insurance and Workman Compensation Insurance	\$9,516
Taxes	\$9,721
License Fee	\$1,080
Advertising	\$5,500
Furniture and Equipment	\$3,900
Rent	\$8,400
Telephone, Internet and Mobile phones	\$4,500
Healthcare Fair, Testing, Classes	\$3,000
Bad Debt	\$1,500
Professional Fees	\$3,000
Vehicle Maintenance and Mileage	\$6,000
<b>TOTAL OPERATING EXPENSES</b>	<b>\$287,009</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>\$82,991</b>



AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF

Shelby

NAME OF FACILITY:

Premier Health Care, LLC

I, Catondria Brown, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

[Signature] CFO  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 13<sup>th</sup> day of Oct, 2016,  
witness my hand at office in the County of Shelby, State of Tennessee.

[Signature]  
NOTARY PUBLIC

My commission expires

Dec 10 2016

HF-0043

Revised 7/02



MY COMMISSION EXPIRES:  
December 10, 2016

**Additional Info**

**-COPY-**

**Premier Health Care**

**CN1608-027**

## SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

### HOME HEALTH SERVICES

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.
2. The need for home health services should be projected three years from the latest available year of final JAR data.
3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, estimation will be made as to how many patients could be served in the future.

#### **Response:**

*Premier acknowledges that the 1.5% formula will be applied as the means of comparison for the "need estimate" within the Proposed Service Area.*

The current formula multiplies a county's population by 1.5% to calculate an estimated need or surplus. We believe this underestimates the need.

We believe marginal growth in the counties should be taken into consideration. The current need formula,

- We feel that home health utilization is best measured by hourly units. Although the JAR does have an hourly report section, most agencies do not report hourly units. The JAR does report the number of patients served by age cohorts, yet there is no reporting on the hourly utilization by age cohorts. For example, Pediatric age groups may have higher utilization of hourly units than age groups 18 – 44 years of age because of the different level of specialized care associated with the age group.
- We feel the use of historic patient numbers (visits) instead of hourly numbers for services rendered inflates the utilization numbers for home health services. A Certificate of Need is not required to provide non-medical services, yet non-medical services rendered by agencies are included in the total number of patients served on the JAR reports.

Below, In Table Four, the applicant has revised the projection of need for home health services using the latest available year of final JAR data.

**Table 1**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2015 Population	User Rate	Projected 2018 Population	Projected Capacity	Projection Need (.015 x 2018 Pop)	Need or (Surplus) for 2018
Tennessee	1,635	1,473	170,384	6,735,706	.0252956409	6,962,031	176,109	104,430	(71,679)
Fayette	21	20	707	43,631	.0162040751	46,608	755	699	(56)
Haywood	15	13	649	18,477	.0351247497	18,274	642	274	(368)
Madison	18	17	3,220	102,429	.0314364096	104,799	3,295	1,572	(1,723)
Shelby	26	26	16,269	953,899	.0170552648	970,212	16,547	14,558	(1,994)
Tipton	21	19	1,172	66,234	.0176948395	63,239	1,225	1,039	(187)

- The projected surplus. There were 22,017 patients served in the projected service area in 2015. In the projected service area there were more patients previously served in 2015 than the projection need of 18,137 patients in the year 2018. The utilization was 17.6% more patients served in 2015 than the projected need of 2018. This calls into question the reliability of the current projection methodology.

**4. County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

Please address for Fayette, Haywood, Madison, Shelby, and Tipton Counties.

**Response:** Premier Health Care has submitted letters from discharge planners and health care professionals. Please see attachment of letters provided with the application.

**5. Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

*Response: SEE NEXT ATTACHED PAGES*

Acredo Health Group		1	0	0	21	0
Alere Women's and Children's Hlth		8	2	28	332	19
Amedisys - 79146		1	0	0	947	0
Amedisys - 79386		4	1	0	140	409
Amedisys - 79246		5	0	0	686	0
Amedisys - 57075		294	52	409	0	0
Americare		0	0	0	807	21
Baptist Trinity Home Care		155	0	0	2871	143
Baptist Trinity Home Care-Private		0	0	0	1	0
Best Nurses, Inc		0	0	0	9	0
CareAll Home Care - Haywood		3	109	125	0	74
CareAll Home Care - Tipton		0	0	0	0	0
Corum CVS Specialty Infusion		1	0	0	3	0
Elk Valley Health Svcs- Davidson		0	5	7	19	1
Extended Health Care - Shelby		3	0	0	284	4
Extendicare Home health of West TN		155	9	147	338	40
Family Home Health Care		0	0	0	504	0
Functional Independence		70	0	0	1775	70
Home Health Care of West TN		23	0	0	468	61
HomeChoice Health Services		60	175	0	977	57
Intrepid - Madison- 57165		11	52	131	0	28
Intrepid - Shelby- 79226		0	0	0	565	0
Medical Center Home Health-Madison		0	70	588	0	0
Maxim Health Care		4	11	74	162	7
Meritan		0	0	0	652	0
Methodist Alliance Home Care		45	0	0	2952	181
NHC Home Care		148	19	0	171	7
No Place Like Home		0	0	0	79	1
Regional Homecare-Jackson		13	140	523	0	14
Still Waters Home Health Care		0	0	0	58	0
Where The Heart Is		13	0	0	1015	16
Willowbrook Visiting Nurse Assn.		88	4	0	433	19

Table: 3

Current Service Area Utilization  
2014

		FAYETTE	HAYWOOD	MADISON	SHELBY	TIPTON
Acredo Health Group		2	0	0	16	0
Alere Women's and Children's Hlth		7	0	4	301	15
Amedisys Home Care - 79146		2	0	0	1067	0
Amedisys - 79386		2	0	0	1500	211
Amedisys - 79246		76	0	0	760	0
Amedisys - 57075		1	27	384	4	0
Americare		0	0	0	1288	7
Baptist Trinity Home Care		110	0	0	3126	0
Baptist Trinity Home Care-Private		0	0	0	1	0
Best Nurses, Inc		0	0	0	176	0
CareAll Haywood		0	0	0	0	0
CareAll Home Care - Tipton		14	273	318	0	159
Corum CVS Specialty Infusion		0	0	0	0	0
Elk Valley Health Svcs- Davidson		0	4	6	10	6
Extended Health Care - Shelby		1	0	0	201	2
Extendicare Home health of West TN		10	5	78	261	29
Family Home Health Care		0	0	0	428	0
Functional Independence		25	7	0	1427	42
Home Health Care of West TN		33	0	0	572	108
HomeChoice Health Services		260	160	0	1593	79
Intrepid - Madison- 57165		14	41	152	0	29
Intrepid - Shelby- 79226		0	0	0	521	0
Interim Health Care		5	0	0	717	2
Medical Center Home Health		0	35	427	0	0
Maxim Health Care		3	10	42	104	5
Meritan		1	0	0	631	0
Methodist Alliance Home Care		45	0	0	2913	191
NHC Home Care		119	11	0	73	1
No Place Like Home		0	0	0	12	3
Regional Homecare-Jackson		32	211	559	0	25
Still Waters Home Health Care		0	0	0	71	0
Where The Heart Is		5	0	0	92	7
Willowbrook Visiting Nurse Assn.		84	1	0	384	14

	FAYETTE	HAYWOOD	MADISON	SHELBY	TIPTON
Acredo Health Group	0	0	0	12	0
Alere Women's and Children's Hlth	5	2	4	340	16
Amedisys Home Care - 79146	1	0	0	764	0
Amedisys - 79386	5	0	0	1556	375
Amedisys - 79246	95	0	0	840	1
Amedisys - 57075	1	47	442	0	0
Americare	0	0	0	1790	21
Baptist Trinity Home Care	144	0	0	3176	2
Baptist Trinity Home Care-Private	0	0	0	1	0
Best Nurses, Inc	0	0	0	364	0
CareAll Haywood	0	0	0	0	0
CareAll Home Care - Tipton	12	257	249	0	123
Corum CVS Specialty Infusion	0	0	0	0	0
Elk Valley Health Svcs- Davidson	2	6	5	9	2
Extended Health Care - Shelby	0	0	0	79	0
Extendicare Home health of West TN	13	12	121	299	23
Family Home Health Care	0	0	0	379	0
Functional Independence	18	0	0	913	22
Home Health Care of West TN	67	0	0	798	98
HomeChoice Health Services	32	80	0	560	50
Intrepid - Madison- 57165	17	13	145	0	9
Intrepid - Shelby- 79226	9	0	0	585	9
Interim Health Care	6	0	0	761	2
Medical Center Home Health	0	59	649	0	0
Maxim Health Care	4	4	35	96	8
Meritan	0	0	0	609	0
Methodist Alliance Home Care	59	0	0	2669	177
NHC Home Care	106	14	0	15	1
No Place Like Home	3	0	0	54	1
Regional Homecare-Jackson	13	115	320	0	18
Still Waters Home Health Care	0	0	0	101	0
Where The Heart Is	7	0	0	99	10
Willowbrook Visiting Nurse Assn.	92	2	0	360	7



**6. Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

*Response:*

- **Premier Health Care being an already established non-medical agency has experience with recruiting, training and employing health care staff. This project will require a small number of skilled nurses who shall have documented training and competencies. All skilled nurses will be employed directly through Premier Health Care. None of these employees will be employed through a third party staffing company.**

**7. Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

*Response:*

- **Premier Health Care's primary community linkage plan will be referrals from community hospitals' discharge planners and other medical staff in the proposed services area. We have previously developed ongoing professional correspondence with hospital's medical staff and discharge planners. Premier plans to continue regularly scheduled meetings with service area hospitals' discharge planners, and physicians to make them aware of the services Premier provides.**

**8. TennCare Managed Care Organizations (MCOs) and Financial Viability:** Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

*Response:*

- **Premier Health Care has contacted the TennCare MCOs in the region of the proposed Service area and was informed that their panels are open for home health services. Premier submitted a letter from BlueCare in support of the information gathered. United Health Care and Amerigroup did not provide letters but did state that there is a need in the region.**
- **Premier Health Care is contracted with the VA Medical Center to provide care for patients. We project to continue providing care for such patients, which is a non-TennCare revenue source.**

**9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

- The average charge per visit and/or episode of care by service category, if available in the JAR data.
- The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

*Response:*

**Table: 20: Cost & Charge Comparisons with Service Area Agencies That Provide Similar Services**

Agency	Cost Per Visit		Charge Per Visit		Cost Per Hour		Charge Per Hour	
	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide	Skilled Nursing	HH Aide
1	N/R	N/R	\$79	\$40	N/R	N/R	\$35	\$22
2	60	\$24	\$98	\$40	N/R	N/R	N/R	N/R
3	N/R	N/R	\$93	\$38	N/R	N/R	N/R	N/R
4	\$123	\$56	\$121	\$55	N/R	N/R	\$33	\$20
5	\$108	\$47	\$66	\$20	N/R	N/R	\$15	\$9
6	N/R	N/R	\$80	\$31	N/R	N/R	\$38	\$22
7	N/R	N/R	N/R	N/R	N/R	N/R	\$35	\$25
Premier Proposed Agency 2016-2017	\$47	\$17	\$80	\$27	\$31.50	\$11	\$38	\$22

*Source: 2015 Joint Annual Reports; and Premier management*

- Key to Agencies

- 1.Elk Valley Health Services – Davidson; ID 19494
- 2.Where The Heart Is - Fayette; ID 24036
- 3.Functional Independence – Shelby; ID79496
- 4.Home Health Care of West Tennessee, Inc. – Shelby; ID79486
- 5.Homechoice Health Services – Shelby; ID 793676
- 6.Maxim Health Care Service – Shelby; ID 79536
- 7.No Place Like Home – Shelby; ID 79506

10. **Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: *CONDITION: Home health agency services are limited to (identified specialty service group); the expansion of service beyond (identified specialty service group) will require the filing of a new Certificate of Need application.* Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

*Response:*

- **Premier Health Care plans to provide nursing care for patients limited to neurological, orthopedic, and immunological disorders and provide complex IV therapy to patients.**

11. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

*Response:*

- **Premier Health Care shall purchase a web-based software system for data reporting. The reporting system, shall encompass data on patient re-admission to hospitals, quality improvement and also a monitoring system including continuum of care and transitions of care from acute care facilities. Premier Health Care does intend to be fully accredited by the Joint Commission and has been in contact with Mrs. Barbara Lamberti (630) 792-5252 concerning this.**

**12. Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

*Response:*

- **Premier Health Care agrees to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.**

June 9, 2016

To whom it may concern:

There is a need for skilled home nursing care within the muscular dystrophy patient population. The muscular dystrophy population includes a wide range of pediatric and adult diagnoses that can require total care, hospice care and respite care for caregivers.



Ashley Quimby, RN, BSN

MDA Clinic Nurse Coordinator

**Subject:** Infusion services

202

**From:** Bonner, Marilyn L. (Marilyn.Bonner@va.gov)

**To:** premierha@att.net;

**Date:** Wednesday, May 25, 2016 10:31 AM

To Whom it may concern,

In dealing with the community referrals, our department it is often difficult to secure infusion services for our veteran due to limited resources in the community. We have had challenges getting home health agencies to service our patients on the weekends and holidays especially . Any additional resources to help resolve these issues would be greatly appreciated . These resources would help decrease length of stays in this hospital as well as in the community .

Marilyn L Bonner RN

Nurse Manager

Care Coordination-Memphis

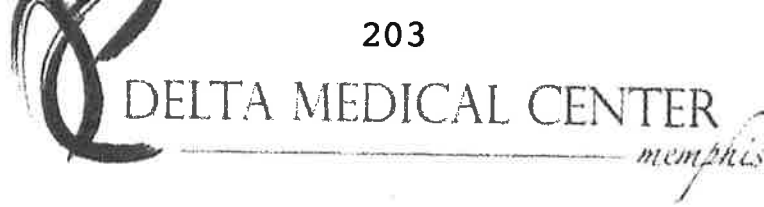
901-523-8990 ext 5383

Fax: 901-302-3570

The smallest act of kindness is worth more than the grandest intention.....

Oscar Wilde

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Hi. Toni. The Private Duty nursing service that you mentioned that will take Medicare and Medicaid is really needed and will benefit my patients. Currently it is extremely hard to find skilled nursing for my Medicaid patients and that is the majority of my caseload.

*Erica Ford, LCSW*

Delta Medical Center

3000 Getwell Road

Memphis, TN 38118

901-369-8547

901-369-6075

[www.deltamedcenter.com](http://www.deltamedcenter.com)

*The best way out is always through. -Robert Frost*

*3000 Getwell Road*

•

*Memphis, TN 38118*

•

*901.369.8100*

*www.Delta.MedCenters.com*



**Subject:** Home Health Services 204

**From:** Morrison, Phillip (Phillip\_Morrison@BCBST.com)

**To:** premierha@att.net;

**Date:** Wednesday, May 25, 2016 10:34 AM

We are currently accepting new providers for Home Health Skilled Nursing Services statewide. There is a need for additional home health providers in the Shelby County area. Contracts can be offered as long as meets our credentialing requirements.

***1) TN: Licensed as a Home Health Provider***

Other States: Licensed in accordance with that state's licensing laws

- 2) Not currently sanctioned by Medicare/Medicaid
- 3) \$1 million/\$3 million Malpractice
- 4) Medicare Part A
- 5) CLIA certificate, if applicable
- 6) TJC or CHAP or AAAHC, collect but not required
- 7) If not accredited, copy of state or CMS site audit
- 8) General Liability Insurance
- 9) History of federal and/or state sanctions (Medicare, Medicaid, or TennCare)
- 10) An attestation to the correctness and completeness of the application

Phillip Morrison

***Phillip S Morrison***

Ancillary Network Manager

BlueCross BlueShield of TN

3200 West End Avenue, Suite 102

Nashville, TN 37203

P#: 615-760-8711



2017  
JAN 18 '17 AM 1

Muscular Dystrophy Association  
mda.org

July 7, 2016

Dear Toni Smith,

My name is Nicole Petrouski and I serve as the Senior Family Services and Clinical Coordinator for the Muscular Dystrophy Association which covers Western TN, Eastern Arkansas and Mississippi.

Many of our families are in need of a quality homecare provider specifically private duty nursing for hourly care. Our families have a wide range of neuromuscular diseases in which require different levels of care. Currently our MDA office in Memphis serves over 1600 people in the Memphis area and in the entire state of Mississippi with muscle disease.

I would like to support the Premier Health Care application for Certificate of Need for Shelby, Fayette, Tipton, Haywood and Madison counties in West Tennessee. They are a well-respected, quality provider of attendant care and personal care in Shelby, Fayette and Madison counties. I am confident they will provide the same quality of care to our patients in the future.

Thank you,

Nicole Petrouski

[npetrouski@mdausa.org](mailto:npetrouski@mdausa.org)

Phone: 901.748.3038  
Fax: 901.748.0435  
3149 Players Club Parkway  
Memphis, TN 38125

STATE OF TENNESSEE

COUNTY OF Shelby

NAME OF FACILITY: Premier Health Care

I, Caterina Brown, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Caterina Brown CFD  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 17th day of January, 2017, witness my hand at office in the County of Shelby, State of Tennessee.

Avelina Lapina  
NOTARY PUBLIC

My commission expires 3/7, 2017.

HF-0043

Revised 7/02



MY COMMISSION EXPIRES  
March 7, 2017





**State of Tennessee**  
**Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

**LETTER OF INTENT**

The Publication of Intent is to be published in the Commercial Appeal which is a newspaper of general circulation in Fayette, Haywood, Madison, Shelby and Tipton, Tennessee, on or before August 10th, 2016, for one day.  
(Name of Newspaper)  
(County) (Month / day) (Year)

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Premier Health Care, LLC N/A  
(Name of Applicant) (Facility Type-Existing)  
owned by: Catondria Brown with an ownership type of Limited Liability Corporation  
and to be managed by: Catondria Brown intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: To Establish a licensed home health agency and to provide home health agency services (primarily hourly services for private duty nursing) in Fayette, Haywood, Madison, Shelby and Tipton Counties in Tennessee, at a cost of \$50,000.00 for CON purposes. Its principal office will be located at 2855 Stage Village Cove, Suite # 5, Bartlett, TN. 38134

The anticipated date of filing the application is: on or before August 15th, 2016

The contact person for this project is Catondria Brown Chief Financial Officer  
(Contact Name) (Title)  
who may be reached at: Premier Health Care, LLC 2855 Stage Village Cove Suite # 5  
(Company Name) (Address)

Bartlett Tennessee 38134 901 / 388-2228  
(City) (State) (Zip Code) (Area Code / Phone Number)  
[Signature] August 1, 2016 tonismithphc@yahoo.com  
(Signature) (Date) (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

**Health Services and Development Agency**  
**Andrew Jackson Building, 9<sup>th</sup> Floor**  
**502 Deaderick Street**  
**Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



**State of Tennessee**  
**Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

00112 10/01/09

**PUBLICATION OF INTENT**

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Premier Health Care, LLC, Personal Support Services Agency  
(Name of Applicant) (Facility Type-Existing)  
owned by: Catondria Brown with an ownership type of Limited Liability Corporation  
and to be managed by: Catondria Brown intends to file an application for a Certificate of Need  
for [PROJECT DESCRIPTION BEGINS HERE]: To establish a licensed home health agency and to provide home health  
agency services (primarily hourly nursing services) in Shelby, Fayette, Haywood, Tipton and Madison Counties in  
Tennessee, at a cost estimated at \$11,400 for CON purposes. Its principal office will be located at 2855 Stage Village  
Cove, Suite # 5, Bartlett, Tennessee 38134.

The anticipated date of filing the application is: on or before August 15th, 2016

The contact person for this project is Catondria Brown, Chief Financial Officer  
(Contact Name) (Title)

who may be reached at: Premier Health Care, LLC, 2855 Stage Village Cove, Suite # 5  
(Company Name) (Address)  
Bartlett, Tennessee 38134 901 / 388-2228  
(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted.  
Written requests for hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

## Lowavia Eden-Hoback

---

**From:** Melanie Hill  
**Sent:** Wednesday, February 15, 2017 7:13 PM  
**To:** 'Anita Porter'  
**Cc:** Mark Farber; Mark Ausbrooks; Jim Christoffersen; Lowavia Eden-Hoback  
**Subject:** RE: Opposition of CON Application Premier Health Care, LLC CN1608-027

Anita,

That will be fine.

We are meeting at Davy Crockett Tower, 500 James Robertson Pkwy.

Let me know if you have questions.

*Melanie*

Melanie M. Hill, Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)  
Phone: 615-741-2364  
Fax: 615-741-9884

---

**From:** Anita Porter [<mailto:anitaporter@qualityfirsthc.com>]  
**Sent:** Wednesday, February 15, 2017 5:51 PM  
**To:** Melanie Hill  
**Subject:** Opposition of CON Application Premier Health Care, LLC CN1608-027

Melanie,

Volunteer Home Care, Inc., which serves Madison county, plans to have representatives attend the CON hearing on Feb 22, 2017 and speak in opposition to the certificate of need request being presented by Premier Health Care, LLC CN1608-027.

We plan to bring the speaker forms that day if it is okay to do that?

If you need further information please let me know.

Regards,

Anita Porter, RN  
931-629-6335



FEB 16 '17 AM 9:07

February 15, 2017

Ms. Melanie Hill, Executive Director  
Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Premier Health Care, LLC CN1608-027 **OPPOSITION LETTER**

Dear Ms. Hill:

We are aware of the intent of Premier Health Care, LLC (PHC) to establish a new full service Home Health Care organization and to provide services to Fayette, Haywood, Madison, Shelby and Tipton Counties. **Because the home health care need formula applied in the State of Tennessee does not show a need for the aforementioned application, approval of said application would not only duplicate existing services, but also adversely impact the existing home health care delivery system. Therefore, I am writing this letter in opposition to the referenced project pursuant to T.C.A., Section 68-11-1609(g) (1).**

Ms. Hill, as an existing provider in the target market, I have firsthand knowledge that market area home health care needs are being met by our agency and other licensed agencies as well. The PHC proposed project is not consistent with the State's need formula which shows excess capacity of (4,334) in the applicant's service area, as projected three years into the future to 2018 by the applicant in their CON application. The TN Department of Health calculation reports a surplus of need in year 2018 of (4,328) patients. Consequently, PHC is not orderly and will adversely impact other existing providers if approved. Lastly, we question the projects financial feasibility. We contend that the project fails to meet any of the four criteria and standards required for CON approval.

In addition, the applicant proposes to have a census mix of 90% TennCare, yet the applicant offers no supporting documentation from TennCare for the need for the proposed project. In fact, given the number of private duty agencies that serve this market area, the applicant cannot demonstrate need for another agency. While the applicant plans to certify for Medicare participation, but not serve and compete for Medicare patients with other homecare agencies, in order to meet the TennCare position that homecare agencies must be Medicare certified to provide Medicaid, that strategy is problematic as Medicare certification cannot be maintained if Medicare patients are not seen and billed for on an annual basis. Lastly, the applicant proposes to be licensed within 102 days and providing care to patients within 105 days. Based on CMS Medicare correspondence Ref. S&C-08-13, dated 3/7/2008 to State Survey Agency Directors, "...CMS directs States to prioritize federal survey functions in four priority "Tiers". Tier 1 consists of statutory mandates, such as surveys of existing nursing homes and home health agencies. Tier 4 consists of other important work, but work that is considered reasonable to accomplish only if higher priority functions can be accomplished within the federal budget limitations." "Provider/supplier types with a Tier 4 priority for initial surveys ...include Home Health Agencies." We believe that a new home health agency awaiting Medicare certification could take upward to a year to be approved to be a Medicare provider. Consequently, the applicant's projection that they could serve Medicare or TennCare within 105 days would not be accurate.



16 FEB 16 '17 AM 9:07

The addition of another agency will not only duplicate and drive up the cost for services already provided, but it will also adversely deplete the existing nursing pool of trained nursing professionals. A redistribution of patients to an agency that is not needed further dilutes the patient pool, the staffing pool and consequently does not promote the orderly development of health care. The agency should also consider that the applicant discusses opening a second office in the service area, but failed to account for the additional cost within the financial schedules of the CON.

In summary, I am opposed to this CON and ask that it not be approved. There are already more than adequate existing licensed providers delivering high quality home health services to populations of all race and payor sources. If you need any additional information please do not hesitate to call me.

Sincerely,

**NHC/OP, L.P. d/b/a NHC HomeCare, Milan & Somerville**



**Pamela Owens, RN MSN MBA CHCE**  
Director, Clinical Services

Cc: Ms. Catondria Brown  
2855 Stage Village Cove, Suite 5  
Bartlett, TN 38134



February 15, 2017

Ms. Melanie M. Hill  
Tennessee Health Services and Development Agency  
502 Deaderick Street, Andrew Jackson Bldg., 9<sup>th</sup> Floor  
Nashville, TN 37243  
[Melanie.hill@tn.gov](mailto:Melanie.hill@tn.gov)

Ms. Hill:

This letter is to inform the Health Services and Development Agency of our Agency's strong opposition to an approval of a new Certificate of Need (C.O.N.) for Premier Health Care, LLC (CN1608-027).

The Memphis metropolitan area (Shelby, Tipton, Fayette counties) is saturated with home health agencies, and all needs of the population can and are being met with the current providers in place.

Our Agency's firm belief, particularly concerning this applicant, being a Personal Support Service Agency (P.S.S.A.), would be a detrimental health care provider for home health services to our fragile patient population, as these agencies generally hire non-licensed, non-educated personnel with little to no oversight/regulation.

The current providers of our area would be detrimentally harmed by this provider being granted a Certificate of Need (C.O.N.).

Please contact me directly if you have any questions or concerns.

Sincerely,

Sam Overbey  
Administrator  
Where the Heart Is, Inc.  
760 Great Oaks Road  
Eads, Tennessee 38028  
(901) 867-1556 phone  
(901) 867-1522 fax

**RULES  
OF  
HEALTH SERVICES AND DEVELOPMENT AGENCY**

**CHAPTER 0720-11  
CERTIFICATE OF NEED PROGRAM – GENERAL CRITERIA**

**TABLE OF CONTENTS**

0720-11-.01    General Criteria for Certificate of Need

**0720-11-.01    GENERAL CRITERIA FOR CERTIFICATE OF NEED.**    The Agency will consider the following general criteria in determining whether an application for a certificate of need should be granted:

- (1)    Need. The health care needed in the area to be served may be evaluated upon the following factors:
  - (a)    The relationship of the proposal to any existing applicable plans;
  - (b)    The population served by the proposal;
  - (c)    The existing or certified services or institutions in the area;
  - (d)    The reasonableness of the service area;
  - (e)    The special needs of the service area population, including the accessibility to consumers, particularly women, racial and ethnic minorities, TennCare participants, and low-income groups;
  - (f)    Comparison of utilization/occupancy trends and services offered by other area providers;
  - (g)    The extent to which Medicare, Medicaid, TennCare, medically indigent, charity care patients and low income patients will be served by the project. In determining whether this criteria is met, the Agency shall consider how the applicant has assessed that providers of services which will operate in conjunction with the project will also meet these needs.
- (2)    Economic Factors. The probability that the proposal can be economically accomplished and maintained may be evaluated upon the following factors:
  - (a)    Whether adequate funds are available to the applicant to complete the project;
  - (b)    The reasonableness of the proposed project costs;
  - (c)    Anticipated revenue from the proposed project and the impact on existing patient charges;
  - (d)    Participation in state/federal revenue programs;
  - (e)    Alternatives considered; and
  - (f)    The availability of less costly or more effective alternative methods of providing the benefits intended by the proposal.
- (3)    Contribution to the Orderly Development of Adequate and Effective Healthcare Facilities and/or Services. The contribution which the proposed project will make to the orderly development of an adequate and effective health care system may be evaluated upon the following factors:

(Rule 0720-11-.01, continued)

- (a) The relationship of the proposal to the existing health care system (for example: transfer agreements, contractual agreements for health services, the applicant's proposed TennCare participation, affiliation of the project with health professional schools);
  - (b) The positive or negative effects attributed to duplication or competition;
  - (c) The availability and accessibility of human resources required by the proposal, including consumers and related providers;
  - (d) The quality of the proposed project in relation to applicable governmental or professional standards.
- (4) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, The Agency may consider, in addition to the foregoing factors, the following factors:
  - (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change to the proposed new site.
  - (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.
  - (c) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.
- (5) Certificate of need conditions. In accordance with T.C.A. § 68-11-1609, The Agency, in its discretion, may place such conditions upon a certificate of need it deems appropriate and enforceable to meet the applicable criteria as defined in statute and in these rules.

*Authority:* T.C.A. §§ 4-5-202, 68-11-1605, and 68-11-1609. *Administrative History:* Original rule filed August 31, 2005; effective November 14, 2005.

**CERTIFICATE OF NEED  
REVIEWED BY THE DEPARTMENT OF HEALTH  
DIVISION OF POLICY, PLANNING AND ASSESSMENT  
615-741-1954**

**DATE:** December 31, 2016

**APPLICANT:** Premier Health Care  
2855 Stage Village Cove, Suite 5  
Bartlett, Tennessee 38134

**CONTACT PERSON:** Catondria Brown  
2855 Stage Village Cove, Suite 5  
Bartlett, Tennessee 38134

**COST:** \$50,000

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In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

**SUMMARY:**

Premier Health Care, LLC, located at 2855 Stage Village Cove, Suite 5, Bartlett, Tennessee 38134 seeks Certificate of Need (CON) approval for the establishment of a licensed home health agency to provide home health services primarily hourly for private duty nursing in Fayette, Haywood, Madison, Shelby, and Tipton counties.

Premier Home Care, LLC is a provider of personal care services (non-medical services) in Shelby, Fayette, and Tipton counties. According to the applicant, approximately 75% of their services are provided to U.S. Veterans and 25% are provided to TennCare patients. Premier is contracted with the VA Medical Centers in Memphis, Jackson, and Nashville, Tennessee.

Premier proposes to provide services to private duty patients who are both TennCare and commercially insured patients whose needs are greater than the typical daily one to two hour private duty visits. Typically, home health visits consists of 1-2 hours of physical, occupational, and/or speech therapy in conjunction with medication administration. Premier's private duty services can include up to 24 hours of continuous skilled care, personal and attendant care by skilled nurses and aides. Private duty care includes care for patients with infectious disease disorders and/or disabilities. Premier plans to provide complex IV therapy, and care for patients with neurological, orthopedic, renal, blood, and immunologic disorders.

Premier Health Care, LLC is a limited liability corporation. The Chief Financial Officer is Catondria Brown who owns 100% of the company. The company has provided personal support services in Fayette, Madison, and Shelby Counties for more than 8 years.

The total project cost is \$50,000 and will be funded/financed by the applicant, Premier Health Care, LLC. Documentation of financing is provided in Attachment C, Economic Feasibility-2, in the form of a funding assurance letter from Catondria Brown, CFO of Premier Health Care, LLC.

**GENERAL CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

## NEED:

The applicant's designated service area includes Fayette, Haywood, Madison, Shelby, and Tipton counties. The following table contains the service area's projected population growth.

County	2016 Population	2020 Population	% of Increase/ (Decrease)
Fayette	44,637	48,510	8.7%
Haywood	18,410	18,128	-1.5%
Madison	103,234	106,352	3.0%
Shelby	959,361	981,022	2.3%
Tipton	67,250	71,196	5.9%
<b>Total</b>	<b>1,192,892</b>	<b>1,225,208</b>	<b>2.7%</b>

*Tennessee Population Projections 2000-2020, 2015 Revised UTCBER, Tennessee Department of Health*

Premier Health Care provides non-medical home care such as home health attendant care and personal care, respite care, and other home care services to TennCare patients and to Veterans in Shelby, Fayette, and Madison counties. Premier is seeking approval to provide private duty nursing services to five counties in West Tennessee. Premier plans to focus on providing private duty nursing to children, adolescent, and adult TennCare patient's ages 0-64 with complex medical needs. These cases are non- Medicare cases. For most home health agencies, a large portion of their revenue comes from Medicare cases.

According to the applicant, there is a need for more of this "niche" care in West Tennessee. There is a growing need for agencies that can provide 24 hour/365-day/ care with appropriate skilled staff to care for patients with complex needs. The applicant provides attachments that reference the growing need for these services from The Muscular Dystrophy Association of Memphis Tennessee and from UT LeBonheur Pediatric Specialists Clinical Nurse Coordinator.

Premier recognizes that health care professionals have an increased need for the services they intend to provide for their patients. The applicant attached a letter for reference of TennCare expressed need for additional providers of skilled nursing from the Ancillary Network Manager of BlueCross BlueShield of TN.

The applicant believes there is room for a small agency like Premier because there are currently only seven agencies in the proposed service area providing private duty services to pediatric patients. According to the applicant, 78% of all private duty pediatric patients were served by only three of the seven agencies who provide pediatric services.

Premier has a staff of nurses with clinical experience who provide private RN assessments to its patients through the VA Medical Center. Some of the other home health agencies may not be staffed sufficient to provide care for patients whose needs exceed 1-2 hours per day, or during holidays.

Premier's patients will be comprised of approximately 90% TennCare enrollees and no Medicare enrollees. There will be a minimal impact on the other providers in the area who generally have a much higher ratio of Medicare enrollees.

Premier projects just 16 patient in the first year of operation or 1/15 of 1% of the 24,000 plus home health patients in the service area. In year two of operation, Premier projects 25 patients or 1/10 of 1% of the 24,000 plus home health patients, served in the last year.

Premier is an established non-medical home care agency that has no capital debt, no construction costs, and no major medical equipment involved. The project will give families with TennCare and commercial insurance more options, opportunities, and access to quality care.

The following table provides the service area home health utilization and need by service area county.

#### Home Health Patients and Need in Service Area

County	# of Agencies Licensed	# of Agencies Serving	2015 Population	2015 Patients Served	2018 Population	Projected Capacity	Projected Need	Need or (Surplus) for 2020
Tennessee	1,635	1,473	6,735,706	170,304	6,962,031	176,109	104,430	(71,679)
Fayette	21	20	43,631	707	46,608	755	699	(56)
Haywood	15	13	18,477	649	18,274	642	274	(368)
Madison	18	17	102,429	3,220	104,799	3,295	1,572	(1,723)
Shelby	26	26	953,899	16,269	970,212	16,547	14,553	(1,994)
Tipton	21	19	66,234	1,172	69,239	1,225	1,039	(187)
<b>Total</b>			<b>1,184,670</b>	<b>22,017</b>	<b>1,209,132</b>	<b>22,464</b>	<b>18,137</b>	<b>(4328)</b>

Source: *Tennessee Population Projections 2000-2018 February 2015 Revision*, Tennessee Department of Health, Division of Health Statistics and the *Joint Annual Report of Home Health Agencies, 2015\*\**

\*\*Most recent Year of Joint Annual Report data for Home Health Agencies.

There is a surplus need of 4,328 in the applicant's designated service area.

The follow table illustrates the number of skilled nursing hours by agency in the proposed service area.

#### Service Area Skilled Nursing Utilization

HHA	Skilled Nursing Patient/Hours	HH Aide Patient/Hours
Elk Valley	769,895	93,395
Home Care Solutions	191,277	94,617
Where the Heart Is	280	0
Extendicare Home Health of West TN	183	27
Alere Women's and Children	5,461	0
Best Nurses Inc.	730	29,170
Coram/CVS	11	0
Functional Independence.	11,382	0
Home Care of West TN	193,725	140,227
HomeChoice Health Services	11,792	30,356
Maxim Healthcare	264,266	111,040
No Place Like Home	451,132	20,416
<b>Total</b>	<b>1,900,134</b>	<b>519,248</b>

#### TENNCARE/MEDICARE ACCESS:

Premier will participate in the Medicare and Medicaid/TennCare programs. The applicant intends to contract with TennCare MCOs AmeriGroup, United Community Healthcare Plan, BlueCare, and TennCare Select.

The following chart provides the applicant's projected payor sources for year one. The applicant intends to only serve one Medicare recipient.

	Year 1 Projected Revenue	% of Total
Managed Medicare/Commercial	\$10,908.80	2%
TennCare/Medicaid	\$490,896	90%
VA	\$43,635.20	8%
Self-Pay	\$0	0%
Total	\$545,440	100%

#### ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are

mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

**Project Costs Chart:** The Project Costs Chart is located on page 49 of the application. The total estimated project cost is \$50,000.

**Historical Data Chart:** The Historical Data Chart is located in Supplemental 3. The applicant reported 13 patients in 2013, 15 patients in 2014, and 16 patients in 2015 with net operating revenues of \$89,156, \$75,639, and \$82,991 each year, respectively.

**Projected Data Chart:** The Projected Data Chart is located in Supplemental 3. The applicant project 13,440 hours/1,120 visits/16 patients in year one and 21,000 hours/1,750 visits/25 patients in year two with net operating revenues of (\$35,106) and \$83,422 each year, respectively.

The applicant provides their gross charges, deductions from revenue, and average net charges below.

**Average Gross, Deduction, and Net Charges**

	<b>Year 1</b>	<b>Year 2</b>
Average Gross Charge (Gross charges/total patients)	\$545,440/16=\$34,090	\$825,250/25=\$34,090
Average Deduction (Total Deductions/total patients)	\$3,000/16=\$187.5	\$3,000/25=120.00
Average Net Charge (Total Net Operating Revenue/total patients)	\$542,440/16=\$33,902.5	\$849,250/25=\$33,970

	Year One	Year Two
<b>Office Positions, Management and Clinical</b>		
Administrative Officer	1.0	1.0
RN Supervisor	1.0	1.0
Recruiter	1.0	1.0
Staff Coordinator	1.0	1.0
Payroll Clerk	1.0	1.0
<b>Subtotal</b>	5.0	5.0
<b>Clinical Positions in Flied</b>		
Register Nurse	6	8
Licensed Practical Nurse	2	4
Home Health Aide	15	20
<b>Subtotal FTEs</b>	23	32
<b>Total</b>	<b>28</b>	<b>37</b>

**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:**

The applicant does not have written transfer agreements. As a home health agency and not an institution, it is not subject to transfer agreements. Premier's staff is trained in emergency responsiveness and proper procedures. Staff is equipped with appropriate contact numbers for



emergency response teams. Patients and their families are trained by staff on emergency preparedness. Premier maintains communication with hospitals and nursing homes that may need to transfer patients into home settings.

The applicant provides data from the Joint Annual Report of Home Health Agencies, 2015 showing 486 pediatric patients 0 to 17 years of age were served by seven home health agencies in the designated service area (Table 6, Page 59 of Application). The applicant believes the 16 patients projected to be served by their agency should not have a negative impact on the existing provider in the area.

Premier believes that having another choice would be important for area consumers that would not significant impact other provider sand would be welcomed by physicians and other healthcare professionals who have stated that need in letters of support for the project.

The applicant will seek licensure from the Tennessee Department of Health, Board for Licensure of Healthcare Facilities and Medicare and Medicaid Certification from CMS.

### **SPECIFIC CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.



**STATE OF TENNESSEE**

## **STATE HEALTH PLAN CERTIFICATE OF NEED STANDARDS AND CRITERIA**

***FOR***

## **HOME HEALTH SERVICES**

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide home health services. Rationale statements for each standard are provided following the standard. Existing providers of home health services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for such services.

### **Standards and Criteria**

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.

*The applicant complies.*

2. The need for home health services should be projected three years from the latest available year of final JAR data.

*The applicant complies.*

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.

*The following table provides the service area home health utilization and need by service area county.*

**Home Health Patients and Need in Service Area**

<b>County</b>	<b># of Agencies Licensed</b>	<b># of Agencies Serving</b>	<b>2015 Population</b>	<b>2015 Patients Served</b>	<b>2018 Population</b>	<b>Projected Capacity</b>	<b>Projected Need</b>	<b>Need or (Surplus) for 2020</b>
<i>Tennessee</i>	<i>1,635</i>	<i>1,473</i>	<i>6,735,706</i>	<i>170,304</i>	<i>6,962,031</i>	<i>176,109</i>	<i>104,430</i>	<i>(71,679)</i>
<i>Fayette</i>	<i>21</i>	<i>20</i>	<i>43,631</i>	<i>707</i>	<i>46,608</i>	<i>755</i>	<i>699</i>	<i>(56)</i>
<i>Haywood</i>	<i>15</i>	<i>13</i>	<i>18,477</i>	<i>649</i>	<i>18,274</i>	<i>642</i>	<i>274</i>	<i>(368)</i>
<i>Madison</i>	<i>18</i>	<i>17</i>	<i>102,429</i>	<i>3,220</i>	<i>104,799</i>	<i>3,295</i>	<i>1,572</i>	<i>(1,723)</i>
<i>Shelby</i>	<i>26</i>	<i>26</i>	<i>953,899</i>	<i>16,269</i>	<i>970,212</i>	<i>16,547</i>	<i>14,553</i>	<i>(1,994)</i>
<i>Tipton</i>	<i>21</i>	<i>19</i>	<i>66,234</i>	<i>1,172</i>	<i>69,239</i>	<i>1,225</i>	<i>1,039</i>	<i>(187)</i>
<b>Total</b>			<b>1,184,670</b>	<b>22,017</b>	<b>1,209,132</b>	<b>22,464</b>	<b>18,137</b>	<b>(4328)</b>

*Source: Tennessee Population Projections 2000-2018 February 2015 Revision, Tennessee Department of Health, Division of Health Statistics and the Joint Annual Report of Home Health Agencies, 2015\*\**

*\*\*Most recent Year of Joint Annual Report data for Home Health Agencies.*

*There is a surplus need of 4,328 in the applicant's designated service area.*

4. **County Need Standard:** The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data;

*The applicant provides a letter from the Muscular Dystrophy Association citing the need for skilled nursing care with their population; a Nurse Manager from the VA Medical Center in Memphis provided a letter stating it's difficult to secure infusion services for veterans due to limited resources and particularly on weekends and holidays; an Ancillary Network Manager for BlueCross BlueShield of TN wrote a letter stating they are accepting new providers for Home Health skilled nursing statewide and Shelby County. (These letters are included in the application.)*

- b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such

services; N/A c) providers supply an estimate of the potential number of patients that they might refer to the applicant. N/A

5. **Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

*See attached utilization.*

6. **Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

	<i>Year One</i>	<i>Year Two</i>
<b><i>Office Positions, Management and Clinical</i></b>		
<i>Administrative Officer</i>	<i>1.0</i>	<i>1.0</i>
<i>RN Supervisor</i>	<i>1.0</i>	<i>1.0</i>
<i>Recruiter</i>	<i>1.0</i>	<i>1.0</i>
<i>Staff Coordinator</i>	<i>1.0</i>	<i>1.0</i>
<i>Payroll Clerk</i>	<i>1.0</i>	<i>1.0</i>
<b><i>Subtotal</i></b>	<i>5.0</i>	<i>5.0</i>
<b><i>Clinical Positions in Field</i></b>		
<i>Registered Nurse</i>	<i>6</i>	<i>8</i>
<i>Licensed Practical Nurse</i>	<i>2</i>	<i>4</i>
<i>Home Health Aide</i>	<i>15</i>	<i>20</i>
<b><i>Subtotal FTEs</i></b>	<i>23</i>	<i>32</i>
<b><i>Total</i></b>	<b><i>28</i></b>	<b><i>37</i></b>

7. **Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that

comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

*Premier Health Care's primary community linkage plan will be referrals from community hospitals' discharge planners and other medical staff in the proposed service area. We have previously developed ongoing professional correspondence with hospital medical staff and discharge planners. Premier plans to continue regularly scheduled meetings with service area hospitals' discharge planners and physicians to make them aware of the services Premier provides.*

**8. TennCare Managed Care Organizations (MCOs) and Financial Viability:**

Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

*The applicant has demonstrated they have \$45,000 in reserves to shore up any shortfall in revenues.*

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

*The applicant will receive revenues from the Veteran's Administration and Medicare.*

**9. Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:

- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

*The applicant provides this data on page 33 of the application.*

- b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

	Year 1	Year 2
Patients	16	25
Total Visits	1,120	1,750
Skilled Nursing Visits 80%	896	1,400
Cost per Skilled Visit	\$47	\$47
Total Cost Skilled nursing Visits	\$42,112	\$65,800
Home Health Side Visits	224	350
Cost Of HH Visit	\$17	\$17
Total Cost Of HH Visit	\$3,808	\$3,808
Total Cost of Skilled Nursing + HH Aide	\$45,920	\$71,750
Total Cost Per Patient	\$2,870	\$2,870

10. **Access:** In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services. N/A

11. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide

documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

*The applicant lists Home Health accreditation from the Accreditation Commission for Health Care.*

12. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

*The applicant agrees to comply.*